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PUBLISHED BY THE AMERICAN JOURNAL OF CLINICAL MEDICINE, Inc.

ENTERED AS SECOND-CLASS MATTER MARCH 31, 1906, AT THE POST OFFICE AT CHICAGO, ILL., UNDER ACT OF MARCH 3, 1879.

Subscription Rates.—To any part of the United States, Canada and Mexico $2.00 per year, postage free, single copies twenty cents; to all other countries an additional charge of $1.00 is made for postage. These rates are due strictly in advance. N. B.—Make all checks and remittances for subscriptions and renewals payable to THE AMERICAN JOURNAL of CLINICAL MEDICINE.

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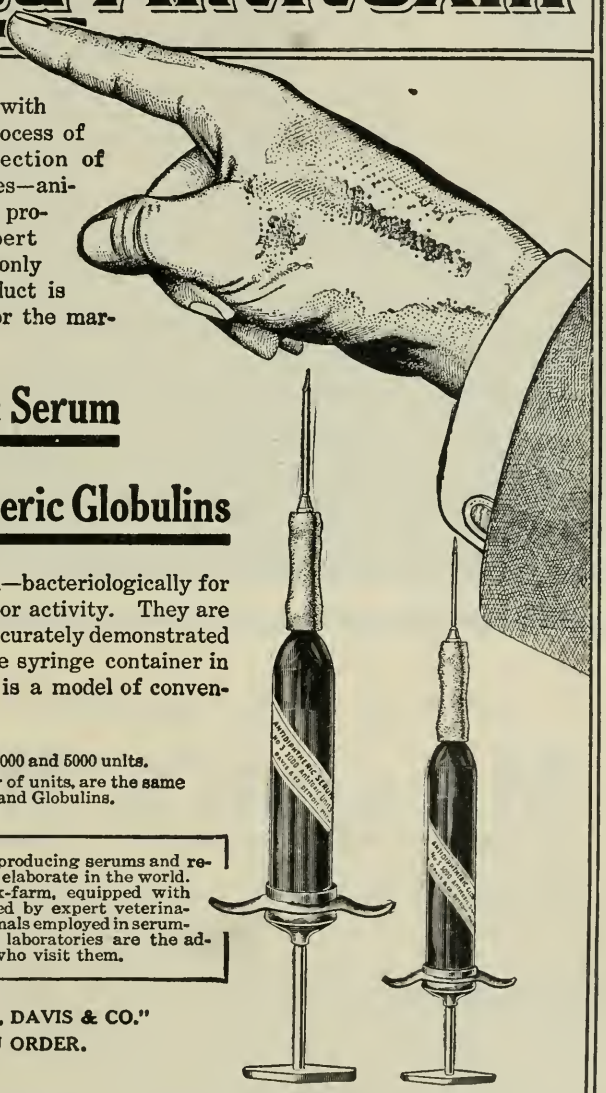

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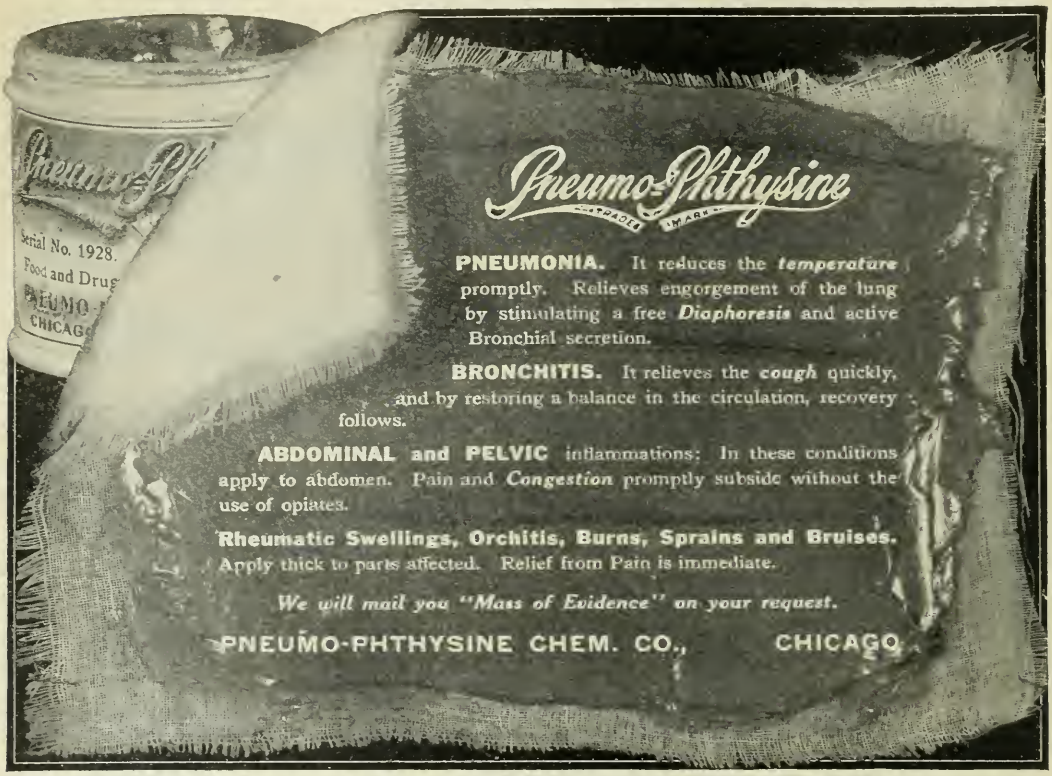
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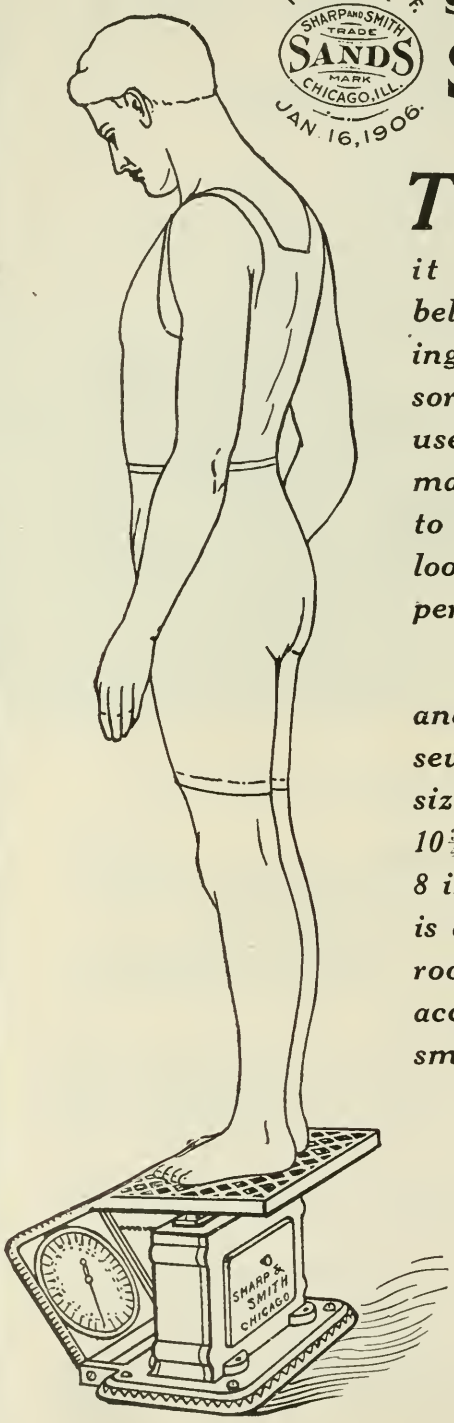

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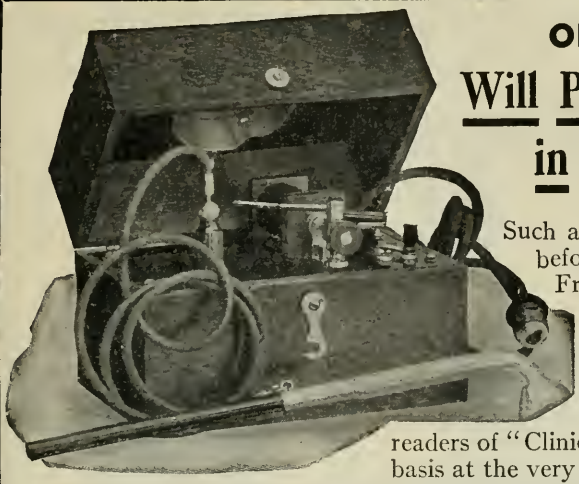

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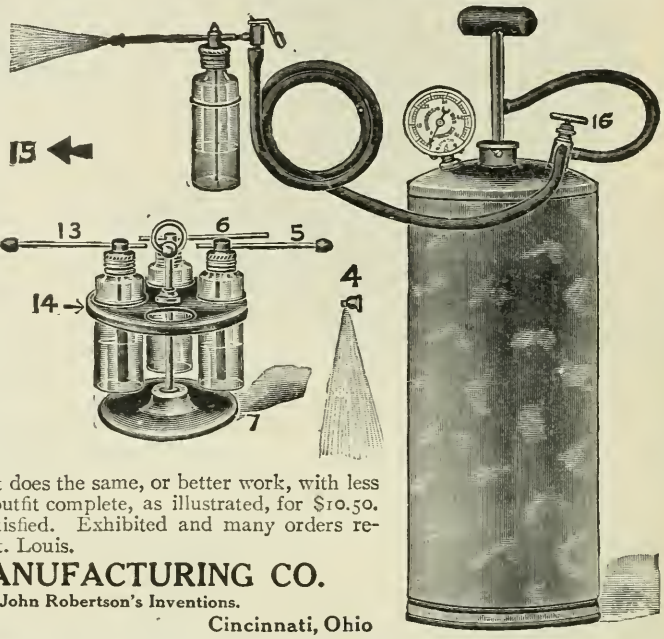

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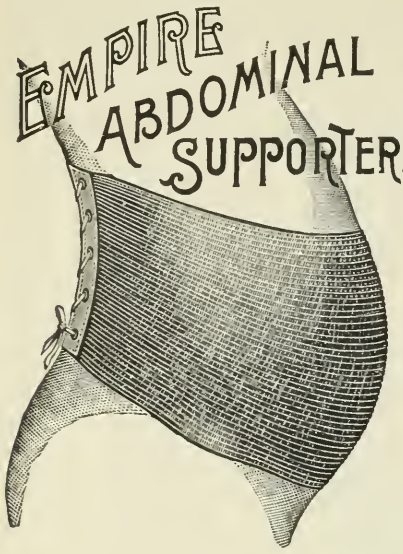

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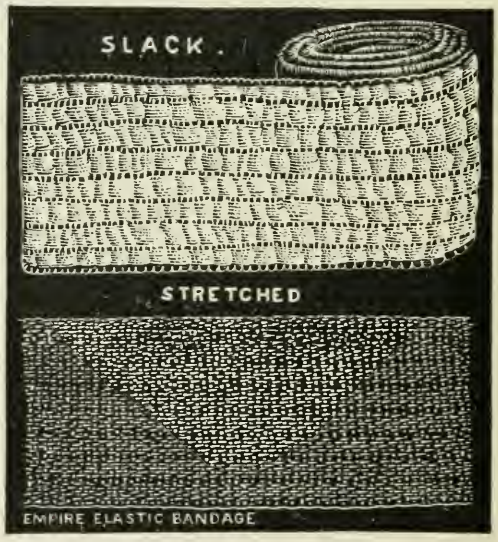

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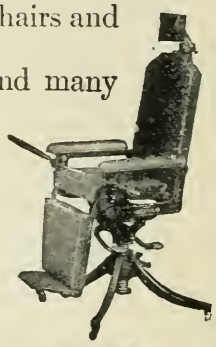
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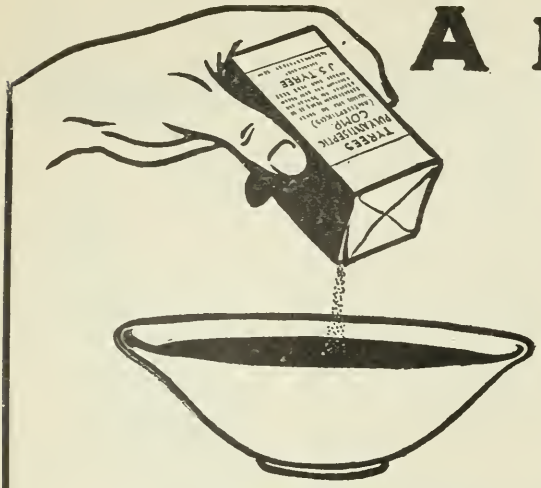

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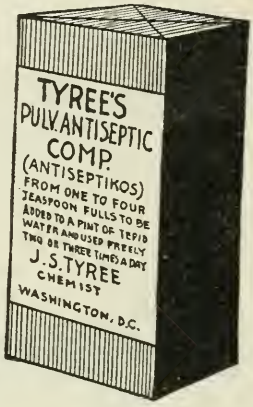

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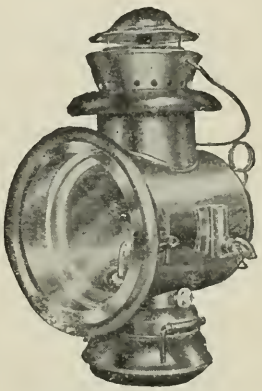

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This we send to you as our "Happy New Year".

Sincerely and Fraternally, W. C. ABBOTT AND W. F. WAUGH

The American Journal of Clinical Medicine

Vol. 19 JANUARY, 1912 No. 1

Your Fair Share—Get It!

COOPERATION is the very soul of business. The weakness of every ring, combine, autocracy or oligarchy, call it what you will, is its selfishness. It seeks to concentrate in the hands of the few a share of the earnings of the many, larger than is just. This gives to the structure a foundation of shifting sand. The greatest intellect the human race develops is but one and can only win success through the aid of many. That aid is loyally given when deserved. It is given enthusiastically when in the heart of every supporter is the consciousness that the cause is his own.

Thinkers know this, and all over the world we see efforts being made to utilize the truth, by making the worker something more than a wage-earner, by giving him an interest that will make him feel that the business is his business and that the extra effort he puts into it makes more for himself. One of the strongest points in favor of the great Steel Corporation is the number of employees who are also stockholders.

The doctor occupies a peculiar position in the community. He stands apart from the rush of the battle and guards the rear. The sense of security due to the knowledge that he is there, watchful and capable, doubles the force of the soldier's onslaught. But the doctor himself is human, and to secure the full benefit of his powers, to have him ready, qualified, his whole energies concentrated on his responsibilities, he must have no distractions. He can not give his best thought to the problems confronting him if he is harrassed by pressing creditors. He can not be absolutely judicial, seeing and advising from the point of the patient's interest, and decide on a $500 operation when he is hounded by the collectors, his wife weeps for a new fur coat, his boy calls from college for more funds, and his daughter is coming out. The rear-guard must have its own sense of security, its base safe, its communications intact.

Very few doctors are mercenary. Nearly all would be well pleased were they to be assured a fair income, enough for the expenses of an average family, provision for old age, and the means to carry on their work effectively. The interest in professional work overshadows cupidity, so that, like Agassiz, the doctor has no time to make money! He rises superior to it. For what's all the money worth when one is dead! You all know how it is—you are deep in the problem of what to do to save the Bailey child, when enters the wife of your bosom with—"John, the

butcher is here for his money and insists on seeing you."

"Oh, Lord! If only I could be let alone to do my duty!" If only the people understood how necessary it is for them that the doctor be relieved of all care that he could devote his every energy to their needs. Selfishness on the part of the patient robs his champion of sword and spear as he seeks to beat off the attack of death.

Whose fault is it that this truth, so glaringly evident that it stares us in the face, is not comprehended by the people? Our own. We don't clearly realize it ourselves, and we fail to make others realize it. We're a bit selfish on our own part.

It's wise, just, and politic that we create and foster the idea that we are a public utility. Let the crowd see the doctor in glad rags taking his womenfolk to the opera, a big diamond in his scarf and many more ornamenting the family. Do you think that that makes a man whose dollars cost sweat feel like paying his bills? But when he grumbles over the extra size of the bill and suggests that you've tacked on a lot to help pay for the new buzz-wagon, you retort: "Sure I did, and if it had not been for that, the kid would have been dead before I got there." The extra comes willingly enough. Obvious, evident improvements in the doctor's means of treating the sick are cheerfully paid for by those who see the wisdom of it.

Now we come to ourselves, for here is one of the finest examples of cooperation our profession has yet seen. This journal reaches many thousand doctors each month. It carries to them every suggestion that we can gather that seems likely to be of real use. We are very bright men, unusually so, but we are only one each. Ten of us get together over a proposition and each goes away wiser. What is that to thirty thousand! By the time they have taken up the proposition, examined it, tried it under many diversities of conditions, fixed its applicabilities and its limitations, there isn't much left to learn about it. There is the strength of Clinical Medicine. Each individual trial adds a brick to the building and in due time the stately edifice emerges from the heaps of building material.

Everybody help. Pull individually. Try, and report. The more you do this, the more you encourage your modest or lazy colleagues to do the same. The knowledge you get is not your own but belongs to your profession, and should be contributed to help pay for what the profession has given you. Otherwise you do not cooperate truly.

Clinical Medicine is the clearing house for you. It is today the greatest bureau for collective investigation ever possessed by the profession. From the composite resultant supplied by the reports from 30,000 doctors, we come far nearer the truth than we get from following the work of the very best one out of the number. The personal equation is eliminated. A remedy proves good in sthenic cases—not in asthenic; in city practice—not in the country; in the north—not in the south; in winter—not in summer; in man—not in woman; in adults—not in children; in the plethoric—not in the anemics; in the early stages—not after the malady is fully developed; it has a bad effect that may be corrected by adding something; it is best used in small, frequent doses—except in certain cases; it is aided by certain other agents, but is interfered with by others; it may be applied along these lines, but not along those others. And so the matter develops until between us we have learned the remedy and can utilize it when needed.

This is the finest opportunity ever presented for a healthy development of our professional work. It is one every member of the "family" can participate in, and make himself useful—not only to others but to himself as well, for "he profits most who serves best."

Get busy.

There is no genius like the genius of labor. There is no reward like that which comes to energy, system, perseverance.—Napoleon.

CHOOSE YE!

When man began to observe and to think, he recognized the commingling of Good and Evil that comprised his world.

Into his conception of an All-power that was also All-good there ever obtruded the fact of Evil's existence as an inexplicable thing which could not be made to fit into his cosmic scheme. Zoroaster formulated one of the earliest conceptions, in his eternal conflict between Hormazd, the spirit of Good, and Ahriman, the spirit of Evil, equal in power and either to be aided by man at his choice. Egypt humanized the conception by introducing the principle of hope for the future, when young Horas arose to avenge dead Osiris and oppose his murderer, Set, the worker of ill. Since then the conflict to reconcile the difficulty has continued from pre-Christian times, whence the gnostics transmitted it to the theologians of the last century, who sought to reconcile predestination and free will.

Be that as it may, to every human being pertains the consciousness that he is free to choose, that no shifting of responsibility upon devil or fellow men is possible, but that he himself chooses between the right and the wrong. Thrusting aside the sophistries, the excuses, the specious reasoning by which men seek to delude themselves into believing that wrong is right and sin is duty, the fact remains that to every one of us comes the moment when he must choose whether he serve God or Mammon; whether his weight is to be thrown on the side of right, justice, truth, and altruism, or on that of wrong, injustice, graft, selfishness, and corruption. Not once only, but daily, hourly, momently comes the choice.

Realization of this unceasing struggle leads one to appreciation of the psychologic fact, that one may cultivate a habit of right or insensibly drift into a habit of wrong. Practise scrupulous honesty as a means of self-improvement. One of the deepest impressions of boyhood was made by a father who, occupying a public office, would never allow a pen, envelope, sheet of foolscap or a postage stamp, belonging to the county, to be used for private purposes.

The habit of honesty in trifles grows to be a characteristic, a trait of the mind. Grafters are not thus developed. But the careless appropriation of other persons' property may also become a habit. People will not steal, but they will swipe; and swiping apples makes it morally easy to swipe a railroad. Who can tell where these things end! Trace back the downward course of a Beattie or a Webster from wife-murder, and the beginnings may be found in early life, when mother's forbidden goodies were appropriated, playmates' toys "swiped," orchards raided, until by unperceptible degrees the stage is reached where seduction, abortion, and murder are no more difficult than the minor crimes of childhood.

Get the habit of—honesty. Do it now; practise it on every possible occasion, in matters little as well as momentous, until it becomes a second nature—automatic—so that a departure from the right would jar your consciousness into wakefulness and arouse conscience.

The great men of the world have been of this type. Look at grand old Luther: "Here I stand; I cannot do otherwise. God help me!" and all the other heroes whose dauntless stand for the truth has left their names as beacon-lights for the guidance of youth. Where are the innumerable politic trimmers who suffered themselves to be cajoled or bribed or intimidated until they fell away and left the hero to bear the brunt of opposition alone? Their names have perished, their posterity most profitably continued on the downward path to which their parents' example pointed, and to which immediate "success" gave sanction.

But it is not enough that we should be honest. He who stops here is like the specialist who treats his pet organ without regard to the rest of the body. Man is not himself alone, but one of a family, a community, a nation, a race. He must do his part to inculcate like ideals in others. How? By example? That is well, but not enough. The most dangerous citizen is the "easy mark." He makes criminals by making crime easy. He discourages everybody from adhering to the right when he allows himself to be fleeced and discredits honesty and frugality by permitting their rewards to go into the hands of rascals.

The wisest of men, knowing humanity well, with its weaknesses, said, "Lead us not into temptation."

Make dishonesty difficult and unremunerative by keeping a sharp watch over your own goods. Don't assume that the man you deal with is a scamp or is honest, but see to it that he will do better to be honest, and give him no chance to be otherwise.

In battle or business, whatever the game,
In law or in love it is ever the same;
In the struggle for power or the scramble for pelf,
Let this be your motto: Rely on yourself!
For, whether the prize be a ribbon or throne,
The victor is he who can go it alone.

—John G. Saxe.

THE IMPORTANCE OF THE WASSERMANN TEST FOR THE DOCTRINE OF THE HEREDITY OF SYPHILIS

Time was, not so long ago, when few things seemed so firmly established in the constantly changing and developing theories and doctrines in medicine as the axioms of Colle and of Profeta, which were deemed so clearly proven that they were designated as *laws*.

But each new progress, every advance in our ability to recognize, to study and to treat disease is followed by a readjustment of our conceptions concerning disease in one or another of its phases, and what yesterday seemed to be fact, is today proved to be untenable. Thus it has even come about that the "laws" of Colle and of Profeta were found to be not facts, and that they have to be abandoned. Dr. Arthur Stein discussed the subject interestingly before the German medical society of the city of New York, some time ago, and we take the following from his paper, as it appeared in the *New-Yorker Medizinische Monatsschrift* for September–October.

As is well known, the Law of Colle (1837) is, that the mothers of children with congenital syphilis (infected by the father) are healthy or immune; or, in other words, that women without signs of lues, having borne luetic children from luetic fathers, are not, themselves, to be considered as syphilitic, and may suckle their babies without fear of being infected by them. According to the Law of Profeta (1876), the apparently healthy children of luetic mothers are not to be considered as luetic but as immune against syphilis; or, in other words, a syphilitic mother may suckle her healthy child without fear of infecting it.

As recently as 1910 so notable an authority as Sir Jonathan Hutchinson speaks adversely of "much industry and some ingenuity having been zealously devoted to the attempt to invalidate Colle's well-known law." Stein shows in his literary study that the mothers of luetic infants must themselves be considered as luetic, although their lues may be latent, for the reason that, in most cases, they give a positive Wassermann reaction, as has been shown for instance by Heynemann, who found a positive Wassermann in forty-three out of forty-seven cases. More, this positive reaction persisted and was almost invariably obtained again when the test was repeated six weeks after confinement.

The corollary proof of spirochetes being found in the blood of such women has, according to Stein, been afforded only once by Trinchese, who succeeded in finding the spirochete in the blood of one out of fifty women who were examined. Hutchinson also cites Buschke and Fischer, who found spirilla in fluid obtained by aspiration from an inguinal gland, in the case of the mother of a syphilitic fetus, in spite of the fact that she did not show any signs of syphilis whatever. He adds: "The suggestion is that the mother obtained the parasite from her fetus, but in a stage or condition incapable of developing the full disease in herself."

Stern cites several other publications, according to which the conclusion is unavoidable that Colle's Law must be abolished, because the apparently healthy mothers of luetic infants are actually luetic themselves. The absence of clinical symptoms must be explained in the sense of an active immunization, the mothers having acquired an immunity through a very slight attack of lues during gestation.

In like manner the more recent investigations have shown the incorrectness of Profeta's Law, it having been proved that the apparently healthy children of luetic parents must be considered as luetic, since

in by far the majority of cases the blood-serum of such children showed a positive Wassermann reaction. Even in cases where the reaction was at first negative, it soon became positive and any immunity which the child may have inherited from luetic parents is only transitory.

One practical point should be mentioned in this connection, namely, that the apparently healthy child of luetic parents should not be given to a wetnurse to suckle, because the latter would very probably be infected by her fosterchild.

Speaking of wetnurses, Stein calls attention to the great necessity of making a Wassermann test in every case in which the services of a wetnurse are to be obtained. A wetnurse whose serum gives a positive Wassermann reaction must be excluded *a priori*, while a negative result of the test does not eliminate the possibility of syphilis. In a negative case, the test should, however, be repeated several times, because a negative reaction may easily become positive through certain factors that are not yet fully understood.

The necessity for persistent, not overstrenuous, but confidence-sustaining push in medicine was never so great as it is today, and it will steadily grow greater. The physician needs every resource, mental and medicinal.—W. C. Abbott.

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for his services? Needless to elaborate on my sentiments.

The pedagog? Should be classed with the clergy.

The actor? If any brother ever succeeded in separating an actor from a dollar, will he please rise and describe the technic? No reply—we'll pass on to the next order of business.

The druggist? Now, here's the man who really deserves free service. He gets up at all hours to serve you, or lies awake cogitating how to secure still better drugs for your patients, fills your prescription better than you could yourself, and with a fidelity that makes his work better than your own careless ways. He seconds your efforts and upholds your reputation; keeps your secrets from competitors and public; deftly covers up your mistakes, restrains your mad desires to kill somebody, corrects you and puts in what you should have prescribed—so that even when you are called out to relieve his little son of a bellyache while his pap is sitting in a small game, you have no kick coming.

What's that? Uses your best formulas to compete with you in practice? Gives you away to the doctor who is in with him?

Put that man out; he's disturbing the meeting.

The rest of humanity? Here we stop. Space fails. 'Twould require a cyclopedia. Besides, each one of us is too familiar with the matter to care for the harrowing details. When it comes to paying the doctor for saving their worthless lives, the motto of the tribe is, "Let George do it." Absolutely, there must be another world in which this one's unbalanced ac-

SAUERKRAUT

Things don't just happen. There is always a reason back of them. In the words of a popular song, "Every little movement has a meaning of its own." This refers especially to popular beliefs, which will almost invariably be found to have a basis of truth.

Some years ago a southern physician reported that he was obtaining valuable therapeutic effects from a form of powdered slag. Investigation showed that it contained sulphides in active forms, and while the proportion was not very large, there was enough there to give genuine therapeutic effect to its administration.

We note in a daily paper that the Massillon State Hospital is happy in the possession of an exceptionally heavy cabbage crop this year, and that ten thousand heads of the vegetable have been made into sauerkraut for use in the hospital. Physicians at the institution, it is said, will make observations on the mental and physical conditions of patients placed upon a diet of this trans-Rhinane delicacy.

There is no question but that they will find valuable results follow its use, for the simple fact that a good hearty meal of sauerkraut is one of the most effective means known for completely and absolutely emptying the alimentary canal of its residua and other undesirable tenants. Middle-aged and elderly men know this

Make dishonesty difficult and unremunerative by keeping a sharp watch over your own goods. Don't assume that the man you deal with is a scamp or is honest, but see to it that he will do better to be honest, and give him no chance to be otherwise.

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—John G. Saxe.

THE IMPORTANCE OF THE WASSERMANN TEST FOR THE DOCTRINE OF THE HEREDITY OF SYPHILIS

Concentrate all your thoughts upon the work in hand. The sun's rays do not burn until brought to a focus.—Alexander C. Bell.

OBESITY CURED WHILE YOU WAIT

Some years ago we published a paper on obesity and its treatment. We think it is a good treatment, and we think it is the very best treatment that has ever been devised; for it is based on a principle against which no possible objections can be brought, whose verity no sensible man can doubt, and that is, if the patient takes into her body more than she puts out, she will get fatter, and that, if she takes in less, she will get thinner.

This tenet being allowed, the detail is easy. One can allow such food and drink as the patient likes without bothering over the value in calories, or the tendency of any patient to indulge too freely in any specific form of diet or beverage. By applying this system anybody can reduce weight, pleasantly, certainly, and with absolute safety. It has, however, the advantage, or disadvantage—as you may look at the matter—of requiring time. A Philadelphia surgeon gets rid of this difficulty by the simple practice of opening the abdomen of his patient, taking off the fat, then merely closing up the gap. There is no question as to the radical nature of the cure. Unfortunately, it has the disadvantage of not being permanent, for the patient is so encouraged by the simplicity and evident effectiveness of the matter that she at once proceeds to make up for the deficiencies, and in a few months has regained her same old rotundity.

Nature's methods are never quite so rapid. You may prepare the soil and plant your seed, but it requires time for the latter to germinate, develop, produce the plant, and finally present the crop to the reaper. Our best results as physicians are obtained by imitating nature's processes, and when these processes have led to undesirable results, as in the case of obesity, we can best remedy them by reversing the errors which led to them, and instituting reforms along the line suggested by the departure from hygienic principles.

Is Learning your ambition?
There is no royal road;
Alike the peer and peasant
Must climb to her abode:
Who feels the thirst of knowledge
In Helicon must slake it;
If he has the Roman will
"To find a way or make it!"
—John G. Saxe.

THE GRAFTER AND THE GRAFTED-UPON

If the doctor doesn't learn the game of graft, it surely is not for lack of example.

of a syphilitic fetus, in spite of the fact that she did not show any signs of syphilis whatever. He adds: "The suggestion is that the mother obtained the parasite from her fetus, but in a stage or condition incapable of developing the full disease in herself."

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aunts, the second cousins and the divorced husband's third cousins, and all *their* collateral kinfolk.

I knew a doctor who was family physician to one thousand of his colleagues. Need I add that he died poor?

As to the ministry: I have profound respect and sympathy for these men. Most of them are scantily paid, and the graft upon them is almost as universal as on the doctors. I cheerfully extend them the professional courtesies, just as I second their efforts to make this wicked old world better and induce men to do what is right. But the haughty prelate who enjoys a fat salary and pickings has no moral right to ask what our duty urges us to extend to his indigent colleague. *Our* duty is not *his* right.

The dentist? He is in the healing profession, yet not of it. He rarely expects free service, but charges and is charged, often with a fraternal concession that bespeaks that influential good word that is better than full fees. He is all right.

The lawyer? Merciful sisters! Whenever you have an opportunity—*soc et tuum?* Somebody sued me in a certain case in which my share of the liability was $2.70. The lawyer charged me only $50.00 for his services! Needless to elaborate on my sentiments.

The pedagog? Should be classed with the clergy.

The actor? If any brother ever succeeded in separating an actor from a dollar, will he please rise and describe the technic? No reply—we'll pass on to the next order of business.

The druggist? Now, here's the man who really deserves free service. He gets up at all hours to serve you, or lies awake cogitating how to secure still better drugs for your patients, fills your prescription better than you could yourself, and with a fidelity that makes his work better than your own careless ways. He seconds your efforts and upholds your reputation; keeps your secrets from competitors and public; deftly covers up your mistakes, restrains your mad desires to kill somebody, corrects you and puts in what you should have prescribed—so that even when you are called out to relieve his little son of a bellyache while his pap is sitting in a small game, you have no kick coming.

What's that? Uses your best formulas to compete with you in practice? Gives you away to the doctor who is in with him?

Put that man out; he's disturbing the meeting.

The rest of humanity? Here we stop. Space fails. 'Twould require a cyclopedia. Besides, each one of us is too familiar with the matter to care for the harrowing details. When it comes to paying the doctor for saving their worthless lives, the motto of the tribe is, "Let George do it." Absolutely, there must be another world in which this one's unbalanced accounts may be evened up.

We fall into a trance, and this scene unrolls: Up to the pearly gates soars an aeroplane, from which steps down a proud and confident family.

"Tickets," says St. Peter.

The credentials are presented, testifying to lifelong church membership, Sabbath and prayer-meeting attendance regular, Bible-class and exhorting at revivals, church dues paid up, white ribbon worn, money left to charity, and stained-glass window in church with name of donor etched in.

"Throw them in the scale," says the guardian of the gate. They so do, but the balance rises—these good people are outweighed by something.

What is that little something? Why, the soul of a doctor, and a little life.

"I don't understand," says the applicant for admission; and then the Saint refers to the daybook: "This doctor was terribly beset; at the last extremity, a sick wife, no means, landlord threatening to throw them out. You owed him for services enough to tide him over; and you had the money, but you turned him down. Just then, along comes a party who wanted an abortion and offered him any amount of money for it.

"Going Down!"

LLOYD GEORGE'S INSURANCE SCHEME

The Medical Times, of November 4 last, gives an interesting account of the reception

of Lloyd George's scheme of health insurance by the physicians of England. A referendum invited the physicians to state whether they were in favor of payment for work done, that is, by the visit, or of the capitation system, and the rate of payment for service, including ordinary medicines; also, the maximum weekly income to entitle patients to participate in this scheme; and fourth, to give their opinion of the whole matter. An overwhelming majority was in favor of the old system of paying by the visit, ninety-five percent of the replies received from physicians favoring it.

The proposition was that the scheme should be limited to persons whose wage-limit did not exceed two pounds a week. Many replies indicated that if the scheme were adopted the physician would require the payment of ten shillings per annum, or about two dollars and a half from each patient. The opinions quoted concerning the merits of the scheme itself are unanimously, emphatically and sometimes frantically, denunciatory. Contract practice and anything resembling it seem to act on the British doctor like a red rag on a bull.

I have an unshakable faith in the efficiency of the right drug, given in the right dose, and at the right time, to the right patient.—Solomon Solis-Cohen.

MATTHEWS' "LUTE OF LIFE"

Usually there is no more disagreeable task set an editor than that of writing a review that will "sell a book." The pleasure of saying what you think is gone; and the sense of dishonesty, of taking advantage of your readers and prostituting your pen by deceiving them, gives one a feeling akin to nausea. But "it is a book of poems by a doctor, and his widow needs the money, so just give him as good a send-off as you can." I've had experience with these "poems" by doctors, and it was with this in mind that I took up this book of Dr. Matthews'. Frankly, I had never heard of him, and a good many years had passed since I had felt myself entitled to sit down with a book of poetry. The serious things of life had demanded all my time, all my brains.

But, surely, James Whitcomb Riley knows what poetry is, and his introductory stanza would not have been written to a poetaster:

Bard of our western world! its prairies wide,
With edging woods, lost creeks and hidden ways,
Its isolated farms, with roundelays
Of orchard warblers heard on every side;
Its cross-roads school-house, wherein still abide
Thy fondest memories—since there thy gaze
First fell on classic verse; and thou, in praise
Of that, didst find thine own song glorified.
So, singing, smite the strings and counterchange
The lucently melodious drippings of
Thy happy harp, from airs of "Tempe Vale,"
To chirp and trill of lowliest flight and range,
In praise of our Today, and home, and love—
Thou meadow-lark no less than nightingale.

Nor would that erratic, intense genius, Walter Hurt, holding off Death with one hand while wielding a trenchant pen with the other, have taken precious time to edit the works of a nobody. Bishop McIlvaine, and dear old Dr. W. C. Cooper, of Cleves, loved Matthews, and contribute touching manifestations of their affection in this volume. So we turn to the work with some expectations.

What a surprise! Why, this man is a new Riley, akin to Burns in his love and appreciation of the common, everyday things, and in seeing the poetry of them. His songs well forth spontaneously from a heart happy and full of goodwill to men and to all created things. Simplicity rules, without the slightest straining for effect or effort at fine writing. He is one of those Longfellow had in mind when he wrote:

* * * some humbler poet,
Whose songs gushed from his heart
As showers from the clouds of summer
Or tears from the eyelids start.

Just listen:

O heart of mine! you are far from home,
And steep are the summits that round you lie;
Darker and darker the ways you roam,
And danger lurks in the lands thereby;
You look so weary, O heart of mine!
You stagger and faint like a stricken thing;—
Come back, come back to the warmth and wine,
Where the old friends are and the robins sing!

A lover must every true poet be and follow "the light that lies in woman's eyes," and so Matthews sings:

The stars that at my casement shine
Pale in thine eyes, O Madeline,—
Thine eyes, within whose depths I see
A light of love that lureth me
To quest the seas beyond the line
That separates thy soul from mine,
O Madeline!

The common things of life are invested with a tender interest by the poet, and our own hearts are stirred in sympathetic appreciation:

Up in the garret, shut off from the day,
Where the cobwebs hang and the spiders play,
Where the mouse runs over the naked sill,
And the cricket is grinding her coffee-mill—
Ah, that is the place where the soul can hide
In a nest of memories glorified
By the flight of time and the fall of tears,
Where nobody sees and nobody hears.

The narrow confines of this little world do not bound the poet's thought, but his eye pierces the empyrean, seeks to vision the realms above, and rests on the Man of Calvary:

What if some one of the human race
Were living who saw Christ face to face—
Who saw in His eyes the tender shine
Of a love so lowly, yet so divine;
Who saw the toss of His chestnut hair
In curls that fondled His forehead fair;
Whose eyes for a moment found repose
On the shoulders bent with the wide world's woes;
Who caught one tone of the voice that gave
Hope to the heart and life to the grave;—
If one like this on the earth were found,
Think of the throngs that would gird him round,
Eager to cull from his lips one word
That he from the lips of the Lord had heard.

Storm and driving rain awake in the poet only sweet memories: exquisite in sentiment, happy in poetic expression, with a melodious lilt that keeps the lines running in one's head—a "jumbie."

When the wind is driving hard against the pane,
And the fading firelight flickers on the floor,
There floateth down the night a faint refrain
From the dear, delightful days that are no more.
O the happy, happy days!
When the world was all ablaze
With the beauty of the morning
Trailing up the winding ways—
When the bluebird warbled high,
And the lark went up the sky
Like an echo of the luting
Of an angel sweeping by.

The love and appreciation of nature are inseparable from the poetic temperament, and in this day, when "back to country life" is in the thoughts of many, this must appeal:

A home in the country, blessed and sweet
From the hand of God, where the shade and shine
Play all day long in the rippling wheat,
And the berries glow in the grass, like wine;
Never a home in the town be mine,
'Mid the stir and whir, and the gaud and glare,—
Give me the farm where the clovered kine
Are heard on the hill,—and the world is fair.

Broadminded, simple, yet liberal must be the creed of the poet, all-embracing in its sympathies, tolerant of the beliefs, considerate of the failings of the neighbor.

The man who loves his fellow-man,
And winds a willing arm about
His brother when the storms are out,
And lends him all the help he can—
No matter what may be his creed,
A kind God knights him for the deed.

Surely, the Dryads must have held commune with the man who could write this:

O the wind—the wind in the trees!
O the grasses that wave and toss!
And, O, the moon floating over these,
Muffled with clouds finer than floss!
Read us the meaning of all of this—
The wild star's flight—the whir of a wing—
Hint us the truth, whatever it is,
In a dream of the end of everything.

Read this, and then listen to Lemmonè's flute-song: "The Wind Among the Trees." Proud may we of the West be that such a poet developed among us, and that we justly claim him as of us:

Into the West the world is going—
The rose-red West where the mountains are,
And the stars dip low, and the winds are blowing
The perfumed sails to the ports afar;
Where the swishing skirts of the warm Pacific
Are stitched with silver and braided with gold—
Where a sunset coast and a clime mellific
Still dimple our dreams as in days of old.

The children—could he fail to embrace the Boy in his big heart?

When Jimmy comes from school at four,
J-e-r-u-s-a-l-e-m! how things begin
To whirl and buzz and bang and spin,
And brighten up from roof to floor;
The dog, that all day long has lain
Upon the back porch, wags his tail,
And leaps and barks, and begs again
The last scrap in the dinner pail,
When Jimmy comes from school.

I must quote another of the songs that nature sings in the poet's heart:

JULY IN THE WEST

DAY

A rhythm of reapers; a flashing
Of steels in the meadows; a lashing
Of sheaves in the wheatlands; a glitter
Of grain-builded streets, and a twitter
Of birds in a motionless sky,—
And that is July!

NIGHT

A babble of brooks that deliver
Their flower-purfled waves to the river;
A moan in the marshes; in thickets,
A dolorous droning of crickets,
Attuned to a whippoorwill's cry,—
And that is July!

Friendship's fire burns bright. Here is a "Letter to Riley":

I miss you, old boy, as the years
Drop away like the drip of my tears.

What owe we not to the poet whose brave heart keeps alive that faith that defies Death and robs the grave of its terrors:

I can not—will not—dare not think
That He who joined your soul to mine
Will rudely break the golden link,
And thus defeat His own design.

Just one more, and I simply must stop; for otherwise I could sit here all day and quote passages so beautiful that I could not bear to leave them out. We learn to doubt and to disbelieve much, but there is one thing that never fades and that is the loving reverence we feel toward our mother:

In the bureau's bottom drawer, as I rummaged there today,
With the memory of other times aglow,
I found the knitting needles that my mother tucked away,
In the twilight of a winter long ago;
They were tangled in the fingers of a wee unfinished glove,
And when I stooped and touched them it did seem
I could see the vanished features of the one I used to love,
In the cheery chimney-corner of my dream.

Don't worry that I may have selected all the choice morsels and that you will be disappointed when you buy it—I have taken bits as they come, without a thought of selection; and assuredly you will find many more that will seem better than these. Matthews was one of those rare spirits the world produces sometimes, but not often. That the practice of medicine offered many of the experiences that aided in developing the natural kindliness of heart that makes his poems so sweet, we may claim with pride. Reading these poems, feeling with him the deep sympathy with those who live, love and suffer, we can understand how it was that he died poor—why his widow needs the money to be obtained from the sale of this book.

In his death the world has lost a sweet singer, an interpreter of the love and tenderness that pervades nature and brings all good and happy things in communion with the human heart.

No matter how busy you are, doctor, you will be bettered if you get Dr. Matthews' book and imbibe the spirit it possesses. It is one of those books any man is better for reading—I know I feel that way myself.

The price is $1.50, and the book may be obtained direct from the publishers, Horton & Co., No. 414 Home Street, Cincinnati, or if you will send the order to us we will see that it is taken care of. To encourage as many as possible to procure it we are making the following special offer: For $2.50 we will send CLINICAL MEDICINE, to *new* subscribers only, for one year and give with each subscription a copy of "The Lute of Life." This will make the book cost you only 50 cents, and the full price of $1.50 will be made available for Mrs. Matthews, you paying 50 cents of this and we $1.00. If you are already a subscriber, why not give the journal to a medical friend and get the book for your wife?

Life itself is a fight. Our enemies are inertia, indifference, selfishness, and love of ease and pleasure. To overcome these enemies requires the fighting attitude. When a man ceases to fight he is a dead one. The same virtues that cause a man to succeed in war, when applied to business will make him a success there.

—Admiral Togo.

AND FEAR MAY KILL

I had excised a breast for carcinoma; the growth returned, and I operated again. Some time later a small nodule appeared in the scar, not large but unmistakably malignant. That was all there was of it, and I felt confident that, this removed radically, there should be no further return. But just then the fool friend intervened.

"Oh, Mary," she exclaimed, "do you know what the Professor is treating you for?"

"No, I never asked him, and he did not tell me."

"Why, it is cancer!"

The woman became delirious, and died two days later without having returned to reason.

What killed her? There was no vital lesion, every organ was healthy and in normal function; no trace of disease except a little nodule in the skin that gave no pain. She died of fright—died through fear of death.

A man walked along a garden path, when suddenly he felt the stroke of a snake on his

ankle. He was carried to the house and dosed with whisky, but the shock was not lifted; he remained pale, pulse feeble, skin cold and covered with sweat; voice almost extinct, barely conscious. Somebody suggested a search for the snake, that its liver might be applied to the wound as an antidote. The man who made the search reached the spot and was watching for the snake, when he, too, felt the stroke on his ankle; but looking for the attacker he found it in an old setting hen. The news promptly effected a cure of the fear-stricken and dying man.

When the Edinburg students kidnaped the obnoxious official, Captain Porteous, they put him through a mock trial, before a masked tribunal, condemned him to death, and stretched his head on the block. Then, at the word of command, the executioner struck the victim over the bared neck with a wet towel. The masked crowd laughed, but the man did not move. Examination showed that he was dead.

Innumerable instances of this sort have been related, and many of us have laughed at the credulity and cowardice of the other man. How about ourselves?

Convalescing from a fever, a doctor one day partook of the leg of a chicken, including the little gristly nubbin at the small end, which he swallowed whole. Then he began to cogitate:

Possibly the fever had been typhoid, and, if so, there were unhealed ulcers along the bowel—that hard bit would come in contact and perforation result—he was as good as dead—and soon he had sought his room, undressed and was curled up in bed, where his nurse found him in much the same state as the man who thought he had been bitten by a snake. Judicious inquiry brought out the truth; she gently asked if the fatal result were inevitable, and was told that it was a rare and unusual occurrence—were there any symptoms as yet ? No. Was it not then time to be worried when symptoms began? The reasonableness of this impressed him; so he got up, and in a few minutes was catching butterflies outside, all trace of the malady gone. But without the wise woman's aid this impressionable doctor would have died.

Now, my object in writing this is not to call attention to the overpowering influence of fear, which every doctor well knows, but to speak of the tendency to it during convalescence. The patient has been through a perilous ordeal, which has taxed and exhausted his vital resistance, leaving him in a state to fall a prey to any depressing influence, and peculiarly amenable to every form of suggestion that may terrify him.

The impress of a disease that has struck home to very near the seat of life is sometimes long in passing away. The dregs of the malady still encumber his lymphatics. The vital functions are carried on with little force, and he is surrounded and permeated with the biologic causes of many maladies. Yet, too often his people seem to think he can at once assume the cares and responsibilities of his former life, aggravated as they are by the neglect and complications caused by his illness.

What wonder that the seeds of mental derangement are so often sowed during this period, and that men are never quite the same after a serious fever! The treatment and management of convalescence may well occupy as much of our attention as those of the attack preceding it.

To be content with the knowledge you possess, or the results you are able to achieve, is a sign of laziness, imbecility or senility.

THE NEW "MEDICAL REVIEW OF REVIEWS"

To those of the medical profession who know *The Critic and Guide*, the name Robinson is one to conjure with. Besides that monthly, Dr. Robinson also publishes *The American Journal of Urology* and (until recently) *The Medical Review of Reviews*. In addition to doing the enormous amount of journalistic work required by these publications, the doctor also finds time to deliver numerous addresses upon sociologic subjects, and with all this attends to a large special practice. How he can do all these things and still maintain his work, as he does, at a plane of the

highest possible character is one of the mysteries which most men find it difficult to understand. Perhaps even Dr. Robinson finds the burden a hard one, sometimes, but *The Medical Review of Reviews*, now passes under the management of one of his sons, Mr. Fred H. Robinson.

How many of the readers of CLINICAL MEDICINE know that Dr. Robinson has sons—young men who promise to rival in brilliancy of intellect and journalistic ability their illustrious father? Our readers of course are familiar with the fine historical and biographical studies of Victor Robinson. Not so many know of his son, Mr. Fred Robinson, who now takes over *The Medical Review of Reviews*.

The new régime of this publication will begin with its January number. The magazine is to be entirely metamorphosed, only the valuable Index Medicus being retained among the old features. In every other portion of the journal changes will be made, and its character will be so completely transformed as to bring it immediately to the forefront.

The editor will be Dr. Arthur C. Jacobson, whose work is already well known to the readers of the Robinson publications. Dr. Jacobson promises "to serve no journalistic condensed milk to the profession," and we may feel sure that he will speak words of living fire upon those subjects in which the medical man is interested.

The new *Medical Review of Reviews* will give special attention to such general subjects as eugenics and medical sociology. Naturally, Dr. Wm. J. Robinson will be a frequent contributor, and that will be attraction enough to draw many subscribers from among the readers of CLINICAL MEDICINE. Among the new topics to be discussed in the earlier issues, will be The Ethics of Abortion, Venereal Diseases, The Castration of Criminals, The Limitation of Offspring, Sexual Abstinence, and Marriage and Divorce.

We are also promised as a special feature a monthly department of sociology, to which Dr. G. Frank Lydston, of Chicago, will contribute regularly. There will, of course, be many original articles, written by the ablest men in medicine, men who have original ideas and who know how to write. Much attention will also be given to the history of medicine, and among those who will contribute regularly will be Mr. Victor Robinson, who will write a series of sketches to be published in 1912, entitled "Pathfinders in Medicine." Then there will be a department of science and research, and a medicolegal department, papers upon medical psychology, and a department of practical therapeutics, under the charge of Dr. Edward E. Cornwall. There will also be poems, essays, and stories by doctors and about doctors. Notable figures in present-day medicine will be presented photographically as well as journalistically.

In fact, the purpose of this journal will be to keep the readers in touch with every phase of medical thought—practical, hypothetical, sociological, and literary—the interests and welfare of the medical man running all through.

One especially interesting feature will be a monthly cartoon. The cartoon often tells a story and points a moral better than any number of words can do. Its appeal is immediate and direct. The new publisher of *The Medical Review of Reviews* has secured a man who knows how to strike the present-day foibles and follies of our profession with the illuminated lightning of his wit.

The price of *The Medical Review of Reviews* (with which *Therapeutic Medicine* has been consolidated) will remain as before, $2.00 a year. To encourage you to subscribe, we will enter your subscription to both THE AMERICAN JOURNAL OF CLINICAL MEDICINE and *The Medical Review of Reviews* for $3.00. This applies both to new subscriptions and renewals. We will add a copy of Dr. Mathews' "Lute of Life," referred to on page 8, for another $1.00, or $4.00 for the bunch.

DON'T LET GEORGE DO IT!

An Eastern potentate visiting Europe, witnessed a ball. Watching the dancers circling tirelessly in the waltz, he asked his companions why they did not hire

people to dance for them. All that makes the dance a pleasure to the dancer was lost to him.

The centuries roll by, and humanity progresses slowly, by fits and starts, with a steady creep here and a tumble back there, but still progresses, albeit the rate seems somewhat like that of the glacier, which may be estimated only by comparison of centuries.

But with all our advancement, humanity remains the same. Rome forgot her lost liberty in watching the sports of the arena, where paid professional athletes contended. Greece disputed over the momentous question of how many angels could dance on the point of a needle, while the Turk assaulted her gates. Spaniard and Mexican are beguiled by the matador in his conflict with the bull. We—we modern Americans, the foremost expression of the world's progress, the foaming crest of the wave of advance—leave family, business to watch eighteen hired men play ball.

Just how do we differ from our Turk, who hired people to dance for him? We, too, "let George do it." Not that I have a word to say against athletics. Quite the contrary—we do not give enough attention to that priceless means of invigorating our bodies, refreshing our minds, keeping clean our souls and prolonging our lives. What I object to is the doing these things only by proxy.

Were I the dictator I should reorganize our routine radically, compelling every citizen, male and female, to give one daily hour, in divided doses, to physical culture, each of the sort best adapted to the need of that individual. After attendance on the sermon—for that care of our morals every last one of us needs—there should be a good half-day of physical sport—work, pleasurably done—baseball, golf, cycling, skating, long brisk walks, anything the man and woman must do themselves, not watch somebody else do. Far better is this than lolling back in the cushioned seat of an automobile or shouting oneself hoarse over the work of professional athletes.

Good, wise care of the body God gave us with which to use our spirits aright is one of the very best ways to reciprocate His loving kindness and to help execute the great purpose for which we have our being.

"Ah is of'en observe dat nuffin is ser strong in sickness er health, as er good prayah wid de right perpo'tion ob effoht behine hit!"—Uncle Hilary in Pickett's "The Fourth Physician."

AN ABLE CHAMPION OF DRUG THERAPY

At the August meeting of the American Pharmaceutical Association, in Boston, Dr. Solomon Solis-Cohen, the chairman of the Sub-Committee on Scope in the Executive Committee of Revision, U. S. Pharmacopeia, delivered an address which we should very much like to abstract in great detail. Fortunately it has been published in *The New York Medical Journal*, and undoubtedly has been reprinted in pamphlet form for general distribution to physicians and pharmacists in the United States. We call the attention of our readers to this fact, that they may be sure to read the pamphlet carefully whenever it shall be received.

Dr. Solomon Solis-Cohen is well known as an efficient and sturdy champion of a proper drug therapeutics and as an opponent of blind, unreasoning deductions from laboratory results, as well as of equally unreasoning and exclusive adherence to the drugless treatment of disease, under whatever name it may parade. He rather insists that "the wise physician is he who makes use of all possible means by which he can aid the struggle for health; by which he can influence for good the functions of the body; by which he can antagonize the material or mental generators of disease. And he is the unwise physician who restricts his view or limits his armamentarium—who, as it were, puts a blinder upon his eyes or ties one hand behind his back when he sets out to combat death."

Dr. Solis-Cohen pays his regards to the proper use of drugs and condemns the unfounded therapeutic nihilism now rampant. He also emphasizes the interdependence of laboratory investigation and clinical observation, neither of which is sufficient

by itself. "The clinician who would reject the exact information offered him by the pharmacologist is as foolish as the pharmacologist who sneers at the observations of the clinician. . . . Such observation is as scientific, and, within its limits, may be as accurate as observation in the laboratory."

Very graceful is the tribute paid to the country doctor "who knows from long experience what he can do with simple measures." Dr. Solis-Cohen's kindly appreciation of the country doctor must surely endear him to that large and often ill-judged class of practitioners.

The entire address, indeed, is vibrant with truth and uplifting in its vigorous defense of what the doctor considers right. His remarks, which sometimes are sharp, are never unjust, while frequently relieved with delicious touches of humor. The general practitioner may be proud of having such a staunch champion and such a conscientious and efficient teacher.

The question for each man to settle is not what he would do if he had means, time, influence, and educational advantages, but what he will do with the things he has.—Hamilton Wright Mabie.

SENILITY IN "LIFE"

If every man, as Shakespeare says, passes through seven stages during his life, surely the same is true of publications. Granting this, I think that any Chicagoan who is silly enough to invest a dime in *Life's* special Chicago number will rise from its examination with the conviction that that publication is very near, if not actually in, the seventh and last stage of decrepitude. The number presents nothing but a weakly rehash of the ancient but not venerable jokes on Chicago, the big feet, the windiness, the citizens' loudly expressed belief in their city, etc.

Good heavens! Is it a "joke" that a citizen should be proud of his home and outspoken in praise of its greatness!

One trouble with these old jokes, besides their antiquity, is that they are not true. One, however, must live in Chicago to appreciate it. It really does not make much difference, and we suppose the world would wag on as usual a few years longer were it admitted that the Chicago girls' feet are bigger than their eastern sisters'. But the simple fact of the matter is that the Chicago girl wears a larger shoe for the same sized foot. The pedal extremity for which a Philadelphia girl would wear a number three her Chicago sister accommodates in a four or four and a half. Comfort and utility seem to count for more here than they do in the East, or perhaps the Chicago girl is fully conscious that her other attractions are such as to render her admirers indifferent to the size of shoes she wears.

The winds for which Chicago is famous serve to blow disease germs out of the city and over into Indiana. Hence our phenomenally low mortality-rate as compared with the eastern cities. As to the alleged tendency of Chicagoans to brag, one has to live in that city only a month or so to realize that what seems to the outsider to be "brag" is nothing but the straight truth.

Life evidently needs some new timber. She is in the late stage of senile decay and the fact that so poor a production should be presented, when such a topic as "Chicago" is offered is significant. The only really live part of the number was supplied by two Chicago writers, and they evidently felt that the situation demanded nothing more than a bit of burlesque.

DR. WILEY VISITS CHICAGO

On the evening of December 9 last, Dr. Harvey W. Wiley, chief of the Bureau of Chemistry, United States Department of Agriculture, was guest and principal speaker at a dinner given by the Physicians' Club of Chicago. His address was of extreme interest and importance, as were the remarks of other speakers at this meeting. Elsewhere in this number of CLINICAL MEDICINE (see Miscellaneous Department) a full report of the meeting will be found, which we urge every reader of the journal to go through carefully.

The problem of pure foods and pure drugs is one in which every physician should be interested.

Medical Men Whom We Should Know

SURGEON-GENERAL WALTER WYMAN

Few men in official life have had more friends than the late Surgeon-General Walter Wyman, of the United States Public Health and Marine Hospital Service, who passed away on November 21, last. General Wyman was a man who could do things. His life was filled with practical achievement, and the story of his career reads like a history of the Government sanitary service. And yet he was not too busy for friendship, and there are hundreds of men—and not doctors only—who will mourn his loss and cherish his memory.

Dr. Wyman was a native of St. Louis, where he was born in 1848. He was educated at the University of St. Louis, at Amherst College, where he graduated in 1870, and at the St. Louis Medical College, from which he received his medical degree in 1873. After an interneship in the St. Louis hospitals he entered the Marine Hospital Service in 1876. His advancement was rapid, and in 1902 he became surgeon-general.

Within the last ten years, since the Service has been under his charge, its scope has been greatly enlarged and in many respects revolutionized. During that time our ideas concerning quarantine have been entirely changed, and contagious diseases are now much more readily prevented and controlled than they formerly were. The work of the Service in eliminating plague, yellow fever and leprosy is probably the best in the world. It also, through the Hygienic Laboratory, does scientific research of the very highest character, while it has charge of the rigid government inspection of establishments manufacturing serums, vaccines, etc. The work of the Service for seamen of the merchant marine has no equal in other countries. Beside maintaining hospitals for their care in all the principal maritime cities of the Nation the Service also, thanks to the energy of General Wyman, supports a sanatorium for consumptive sailors at Fort Stanton, New Mexico.

Few men realize how closely the Public Service watches the internal health conditions of our country. If there is an outbreak of cholera in Italy, an officer of the department is on the ground to watch it; if there is an epidemic of typhoid fever in Chicago or of smallpox in another city, one of its surgeons is immediately detailed for help, if the conditions warrant. Its medical officers are studying pellagra and hookworm in the south, and tick-fever in the northwest. At the request of former Health Commissioner Evans of Chicago a Marine-Hospital surgeon came to this city to make an exhaustive study of the localized epidemics of typhoid fever, which occasionally appeared; and a few months ago one of the ablest and most distinguished officers of the Service, Dr. Young, was given leave of absence to guard our city's welfare, as Health Commissioner.

This work, and much more to which we can not even allude, was largely dependent on the breadth of thought, foresight, courage, learning and energy of General Wyman. He was interested in all kinds of sanitary work, everywhere—and he was an incessant, but none the less a kindly worker.

We shall not catalog the many learned societies and other organizations to which he belonged—except one. At the Los Angeles meeting General Wyman was elected president of the American Medical Editors Association. It has been our pleasure to meet him frequently at the meetings of this Association, which he attended regularly, though he was prevented from going to the last meeting by the cholera scare, in New York, of last June. We had looked forward to an even closer association with him, and a closer insight into his work, which when we saw him last seemed even in its infancy, just as he seemed full of strength for its continuance.

Wyman, the man, is dead—but his work is not dead. It has been left a precious legacy to his country.

DR. WILLIAM T. THACKERAY: A SOLDIER OF FORTUNE

Romance is not dead—not even in medicine. Most of us fail to look in the right places for it, for probably everyone meets daily and perhaps associates intimately with some man the story of whose life, if it could be put into literary form, would make as thrilling a narrative as Richard Harding Davis' "Soldier of Fortune."

Many of the readers of CLINICAL MEDICINE who have visited "alkaloidal headquarters" at Ravenswood will remember the subject of this sketch as an erect, soldierly figure, who carried the burden of his seventy-odd years like a stripling of thirty or less. Dr. Thackeray is not given to talking about the past—he is too much interested in the present and future—but if you, by any chance, succeeded in getting him to tell you about himself, you heard a story at first hand that was replete with *life*, and not devoid of the thrill of adventure that makes you sit up until the rooster crows over the latest product of the book-shop. And yet Thackeray was and is "just a doctor."

Dr. Thackeray was born in Maryland and received a public-school and academic education in Philadelphia, where he was apprenticed to the apothecary business before the Civil War. In 1861, he enlisted in the Fourth Pennsylvania Reserves, but was soon ordered for hospital service, and served in many of the general hospitals till the close of the war, being mustered out as an assistant surgeon of the U. S. Army. In order to complete his medical education he entered Jefferson Medical College, and was graduated from that institution in 1866.

Having had a taste of military life Dr. Thackeray liked it and wanted more. He accordingly entered the service again as a medical officer of the regular corps of the United States Army, and was kept quite actively at work in those busy days. But to a man who had tasted the thrill of the battlefield and whose blood was simply boiling with the desire for action, the regular routine of army life soon became too tame, so in 1873 Dr. Thackeray quietly separated himself from the service and went to Europe.

Spain was then in the throes of the Carlist rebellion, and through the help of interested friends the doctor got into touch with Carlos, pretender to the Spanish throne, and went down to the seat of the trouble to win his "castle in Spain."

Carlos created him a vicomte, gave him the order of Isabella the Catholic, and made him surgeon general, placing him in charge of certain basal hospitals; but unfortunately the enemy was near and strong, and Thackeray and his hospital guard were captured. They were tried at a drumhead court-martial, and the men were shot down before his eyes; but the doctor, being an officer, a gentleman, and an American with some influence behind him, was spared.

While in Europe at this time Dr. Thackeray first came into touch, in Paris, with the dosimetric movement, led by the great Belgian, Burggraeve, which was later to have such an influence on his career.

Upon his return to America Dr. Thackeray again reentered the Army, and saw service against the Sioux Indians in 1874–75. He was detailed to accompany Custer in his tragic expedition, but at the last moment was exchanged with another surgeon who wished to go along, and who was killed. He was only a few miles from the battlefield.

Again Major Thackeray resigned from the Army, this time to try his fortunes in general practice. He located in Kentucky and later removed to Wisconsin, but the routine of civil practice was not sufficiently strenuous for him, and so he entered the employ of Parke, Davis & Co., Detroit, and was early placed in charge of one of their most important manufacturing departments, later being transferred to their sales department.

In 1885 he met Dr. Chartier of St. Louis, and through him became actively interested in the dosimetric idea. With others he organized The Metric Granule

DR. WALTER WYMAN

The late surgeon-general of the Public Health and Marine Hospital Service, who died in November. He revolutionized the work of this important government department.

Company, in Chicago, for the manufacture of the alkaloidal preparations in America. The work in this field was pioneer work, so it is not to be wondered at that he met with reverses.

It will perhaps be news to some of our readers that the *first Alkaloidal Clinic* received its name from Major Thackeray. He published only a few numbers, when it was given up. When Dr. Abbott entered the journalistic field in 1894, he revived it, with Dr. Thackeray's permission.

In 1892 Dr. Thackeray was appointed chief of the pharmaceutical exhibits of the Chicago World's Columbian Exposition. During the progress of the Exposition Dr. Thackeray became interested in Honduras, and acquired from its government a concession, transferring to him many thousand acres and providing for a great scheme of development, which he studied on the ground. His plans, sound in themselves, were only frustrated through the duplicity of Central American diplomacy.

Seven years ago, Major Thackeray returned to his first love, the real central idea of his professional career—active-principle therapeutics. At that time he entered the employ of The Abbott Alkaloidal Company, of which he became sales manager, developing an efficient selling organization. No one could have done more earnest work in this field than he.

Much to the personal regret of his colleagues, Dr. Thackeray is now retiring from active business life to make his home in Texas, where he has acquired property in one of the most delightful and promising sections of that great state. The doctor is too energetic a man to be satisfied with inactivity, so we predict that there will be things doing in and about Fowlerville, to which place he expects to remove during this month—December.

On the evening of December 3, Major Thackeray's business friends and associates gave him and his dear wife a complimentary banquet, which was attended by about seventy people. It was a delightful occasion and we wish we had space to reproduce here the good things said about the Doctor—for "he's a jolly good fellow."

His influence upon therapeutic progress in this country has been enormous. Certainly few men have done so much work, nor done it so well. It is a pleasure to give this brief tribute of honor to a man whose life has been filled with action and whose achievements deserve the adjective, "great."

DR. GEORGE F. BUTLER, COOK COUNTY PHYSICIAN

Mr. Bartzen has again shown his possession of sterling good sense by appointing Dr. George F. Butler, Cook County physician. Dr. Butler was formerly Professor of Therapeutics in the College of Physicians and Surgeons, is now connected in a similar way with The Chicago College of Medicine and Surgery, and is author of a textbook on materia medica and therapeutics. He was Superintendent of the Alma Sanatorium, for several years.

Returning to Chicago, Dr. Butler took charge of the Post-Graduate School of Clinical Medicine, which he conducted for years with satisfaction to our readers. His department, "Just Among Friends," is already known and loved by "the family." Besides his proficiency in medical matters Dr. Butler is a writer of no mean caliber in the realms of poesy and belles-lettres. Some gems of Dr. Butler's verse have appeared from time to time in Clinical Medicine, and offer good examples of his genius in this line. His "Echoes from Petrarch," which has just been issued, a book of sonnets, will be reviewed in the next number of this journal.

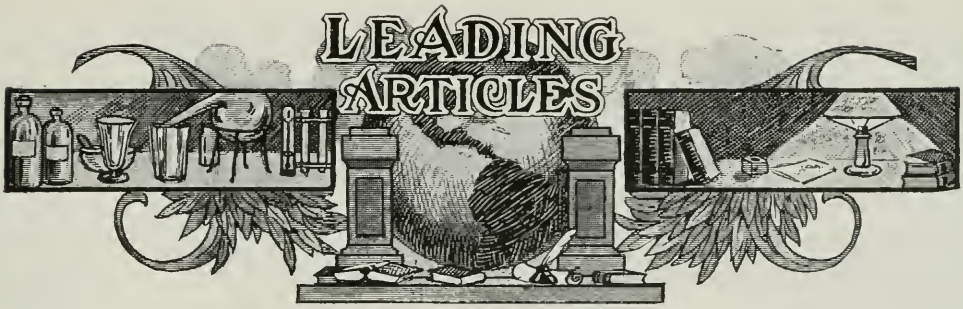
Professionally and in other respects Dr. Butler is exceptionally fitted for the important duties of his position, and we predict that his work will confer honor upon Mr. Bartzen's administration. Dr. Butler is a large man, a brilliant man, and his experiences range from a ranch in Kansas to the Great City. Note in his picture the keen, cool gray eyes, and that unerring indication of mentality, the scantily covered vertex. He has hosts of friends, all of whom believe implicitly in "George," and who would unhesitatingly deny anything unworthy that might be charged against him. They know the man!

DR. WILLIAM T. THACKERAY

Whose long career in medical practice, both civil and military, has been filled with adventure, yet replete with practical usefulness

DR. GEORGE F. BUTLER

A member of the editorial staff of THE AMERICAN JOURNAL OF CLINICAL MEDICINE, who has recently been appointed County Physician of Cook County, Illinois. His article on Dr. John Redman Coxe, and his Department, "Just Among Friends," are attractive features of this issue.



How I Operated Upon a Kalinga Chief

The Thrilling Adventure of a Government Physician in the Philippines

By THOMAS E. MOSS, M. D., Bontoc, Mountain Province, P. I.

EDITORIAL NOTE.—Not many physicians have had experiences such as Dr. Moss describes. He was captured by a savage tribe of head-hunting natives, carried far into the mountain fastnesses, and there compelled to perform a capital surgical operation upon the chief. Failure meant death; success meant—but you must read the whole story.

IN the course of events in my life I have had many and rare experiences, soft, hard, funny, dangerous, as well as mixed; but the story which I am about to tell is the consummation of about the hardest, toughest, and wildest thing I ever butted into. My inordinate love for hunting and adventure, coupled as it is with a strong constitution, good health, and a charitable disposition, were the causes of the hardships, dangers, and hair-raising characteristics of the happenings which it was ordained that I should experience. I say ordained, because in my make-up there is that which most people call superstition, but which, be it called what it may, many times has stood me in good stead, and that at times when there was naught else upon which to depend. This same superstition, trust-in-luck or whatever you may please to call it is what carried me through in the adventure I am now about to relate.

The scene of this story is laid in the heart of the Caudillara mountains in northern Luzon of the Philippine Islands. This mountain range traverses the center of that island. They are the highest mountains to be found, the smaller ranges sloping down from them to the China Sea on one side and to the Pacific Ocean on the other.

The Cagayan Valley is located toward the east, between the foothills of the Caudillaras and one of the smaller ranges running parallel with them. In this valley there are a good many large towns inhabited by Filipinos and Americans. These Filipinos are Christians and highly civilized and educated; up in the mountains, however, on both sides of the valley, there live the Wild Tribes.

A Professional Appointment with a Head-Hunter Chief

A good many years ago I had occasion to cross this mountainous region occupied by the wild tribes. I was on an expedition to explore and map the country. On this trip I found a Kalinga chief who was, and had been for years, suffering with a stone in the bladder, and had endured terrible agony. So, when he learned that I was a medicine-man, he immediately asked me to make him well. Of course I could give him no medicine that would do him any good and told him so, but I also told him that if he would come to my hospital in the Cagayan Valley, I would cure him by cutting out the stone with a knife; he

Fig. 1. Chief of the Nanong rancheria, first man on the left, sitting—emaciated, almost too weak to stand. The older of the two women is his wife, the younger his sister. The Filipino on the right is the author's hospital assistant. The three young men standing are trusted warriors, and the old men sitting are councilors.

to time his coming so that he would arrive simultaneously with me on my return from this trip, explaining that I had to continue my journey to the West Coast, there take a steamer up the coast to the city of Aparri (situated at the mouth of the Great Cagayan River, which runs the entire length of the Cagayan Valley), where I should take a river-boat and go up to the town of Taguegarao, where my hospital was located.

I had been back at the hospital and at work about five days when in came a delegation from Nanong, which is the name of the rancheria* of which this Kalinga was the chief. The chief had dispatched them to ask me to send him some medicine, as he was unable to come, because his physical condition did not permit him to travel through the mountains. (He could not travel the regular trail, because there was a rancheria at the place where the trail left the great mountains and came out into the foothills of the valley. This rancheria was hostile to him and the men would kill him if he passed alone, and if he brought enough warriors to wipe out the rancheria and pass, all the other hostile rancherias, knowing of the expected trip, would, during his absence, attack his own rancheria, which would be weakened by his taking enough warriors with him to guarantee a safe passage.) However, if I would accompany his messengers to his residence and cure him, he would give me as many presents as I could carry; these to consist of spears, headaxes, shields—and a wife. I should have been glad to get the spears and things, but already having attached one lawful wife, I did not very well see what I could do with another—ignoring the color-line

I had a pow-wow with the delegation, with all the regular customs observed; for

*A hamlet, a group of ranchos. In the Philippine Islands—and as here used—a political division of pagan tribes.—Ed.

I always gave due regard to their laws and customs and never went contrary to them if I could avoid it. This pow-wow lasted nearly all day, and it was finally agreed that I was to send word to the rancheria of Tabuc that they must let the chief of Nanong and a few of his men come down, and I should meet them and operate on the Nanong chief there in Tabuc. I sent the people of Tabuc word to this effect and in due time arrived at the rancheria on the appointed day.

I took with me a Filipino named Estaban Turingan, who nearly always went with me on my hunting trips. I also took one of my corpsmen, Miguel Guttierrez, to assist me in the operation. I took what instruments I thought might be needed, and, best of all, my camera (to which fact I owe the photographs with which this story is illustrated).

The country between Tuguegarao and Tabuc is most beautiful. There is valley after valley, with low mountain ranges between them. The prairies in these valleys are covered with grass, which is burned off two or three times a year by the hunters, so that it comes up green and tender, and the deer come down out of the mountains to graze. Great herds of cattle roam over these pastures, while sometimes may be seen a herd of water-buffaloes.

After crossing this country we reached Tabuc and waited the arrival of the chief from Nanong. I took some pictures and hunted a little, and otherwise amused myself until the third day, when my supply of provisions gave out. When I asked the Kalingas of Tabuc to sell me some chickens and rice I was told that there was nothing to give me. I did not understand this, for I knew they had plenty, but by questioning them I elicited the information that I had incurred their displeasure by taking the photograph of one of the young girls.

I knew that these people were superstitious about photography, but as no objection was raised at the time I took the picture, I had thought nothing about it. Upon reflection, however, I did remember that a woman had raised a wail, but as some of them were always yelling about something I had paid no attention to it, for at that time I was not as well acquainted with their customs as I am now. This woman now came forward and said that the child would certainly die, because she had seen that thing happen before. I told her I knew how to prevent such a result, and that I had intended all along sending her a copy of the picture, and then, if she would keep it, the child not only would not die, but would not even be apt to become

Fig. 2. The author standing behind the chief's wife and sister. Note the large mother-of-pearl ear-rings and the agate beads which Kalinga women wear.

Fig. 3. On the crest of one of the two low mountain ranges, between Tuguegarao (my headquarters) and the rancheria of Tabuc. At the water-hole in the distance we were recaptured on our return from the mountains

sick. I talked to these people manfully for something to eat, but without avail; they persisted in their refusal. This attitude was the first intimation I had that they were unfriendly.

I now knew it was "up to me" to do something. So I left one of my men to guard the horses and took Miguel, my corpsman, and started up into the mountains to the next rancheria, where I knew I had friends. There I was met by the men with every show of friendliness, and was given rice and chickens.

The Deer Hunt

When it looked as if the chief from Nanong was not coming, I arranged with the Kalingas of this rancheria to come down out of the mountains to the prairies on the other side of Tabuc, on the following morning, and have a deer hunt. We agreed upon a place of meeting, and I went back out of the Great Mountains to Tabuc, saddled the horses and left for the hunting grounds agreed upon. Arriving there about nightfall, we struck camp and prepared our supper of rice and chicken. Early next morning we had our horses saddled and at the first streak of dawn rode out of the little hollow to the top of one of the foothills and waited for daylight.

As soon as light dawned, we saw our Kalinga friends stationed for the hunt, about a hundred yards apart, on either side of a strip of timber, about half a mile distant. We rode over toward them and had covered half the distance, when we heard the dogs coming in full cry, driving the game directly toward us. We could not see the chase, as we were just coming up onto a kind of plateau, from one side, while the dogs and game were yet in the valley on the other. They were rapidly approaching the crest, but being experienced hunters, we did not rush madly forward, as you might suppose; for the chase which the dogs were running might not have been a deer, as we believed, but instead a buffalo, and as there was not enough room for one buffalo and two men, we stayed where we were until the game topped the rise on the far side, which it did in a few seconds. It proved to be a two-year-old buck, and came up over one corner of the plateau, while one of the spearmen appeared at the other, thus driving it directly toward me, there being no other way

The Kalinga and the deer approaching at an angle, they met at a point about a hundred yards from where we watched, with the deer a little in the lead—but not

Fig. 4. Taken at Tabuc while waiting for the chief to arrive. The author was refused food for taking the picture of the little girl in the center. The Filipino on the left had a good pack of dogs, and hunted with the author, who is shown in the background with his head tied up.

for long, for the spearman caught up with it and drove his lance through the fleshy part of the beast's hind-leg; which, though, only spurred it on to faster flight. Inasmuch as all this happened inside a few seconds, I did not have my rifle ready; so I snatched the hunting spear from my companion's hand and started to intercept the deer, which was making for the trail that led down off the plateau at my right, a short distance from where I had been standing, we both reaching that point simultaneously. By a lucky thrust of my long lance I succeeded in piercing the animal's heart.

The accompanying picture (Fig. 5) shows the deer propped up on a shrub, with myself and Estaban mounted on the hunting ponies. The lances shown are 16 feet long, the handle, or shaft, being of bamboo, while the head is a broad, sharp point of steel, 6 inches long and 3 broad, and having no barbs, so that it may be withdrawn and thrust again, if need be; there is a long, round piece of steel on the back end of the shaft, about 4 feet long and tapering back to a round point, which serves to balance the weapon.

In the next picture (Fig. 6) are shown the other hunters who had followed the deer, intent on slaying it, and who had now come up to view the animal before returning to the hunt down over in the valley from whence they had come.

After taking the photographs and cutting up the carcass, we prepared for another drive, the Kalingas going back to the woods out of which the deer just slain had come. Our own party remained where we were, as this was a high place, from which we could watch the hunt and, in case any quarry were not killed by the Tabuc men, we could then shoot it, since any fleeing deer had to come this way. Having dismounted and hidden our horses, we took our station three hundred yards apart, carefully concealed ourselves, and waited for more prey to be driven in our direction.

Made Captives by Ambushed Nanong Warriors

I was sitting beneath a bush, intently watching the hunt as it progressed, when all of a sudden I was seized from behind and drawn backward into the underbrush. The hold upon my throat, arms and legs

Fig. 5. The deer which was killed with the lance just before the author was captured by Nanong warriers

could not be shaken off as I struggled and tried to shout. I was convinced that I was in the coils of a great boa constrictor, as these monstrous snakes were to be found in that part of the country occasionally. I actually imagined that I could feel the bones being crushed in my body as I was being dragged backward. What was my surprise when I was jerked to my feet and there found myself in the midst of some forty or fifty Kalinga warriors from Nanong, And there, beside me, I also beheld my corpsman, who had been made captive in the same manner. All of us having been

Fig. 6. Friendly Kalingas, from the rancheria above Tabuc, who came down to hunt with us, and who later broke through the cordon of Nanong warriors.

intently watching the hunt, this surprise, of course, was not a difficult matter, the Kalingas having slipped up behind us, one at a time, and taken us unawares.

At first I could not fathom their intentions, but thought that possibly the chief of Nanong, whom I had promised to cure, had died and now the warriors were going to take vengeance on me, probably thinking I had mysteriously caused his death—for such is the custom of many of these people. And this is why one has to be exceedingly careful in doctoring them; and it is most unwise to give any of them medicine when they are sick unless one is sure of effecting a cure, for if the patient dies they will invariably believe that it was the medicine that killed him. But to our story.

As I was thus reflecting and wondering, loud shouts and cries came to our ears from the direction of the hunt, and intermingled with, and over and above these, we distinguished the Kalinga war-cry. Thereupon we were dragged by our captors to the top of the hill, and there our eyes met one of the finest sights I have ever witnessed.

The Hunters Hunted

The Kalingas from Nanong had come down three hundred strong, forty of whom had been detached to take our party, while the others surrounded the hunters, which had been readily accomplished, as the hunters were widely scattered scaring up deer. No notice had been taken of the hostiles as they slipped up and surrounded them, or else, if any of them were seen, they were mistaken for members of the hunting party. When the approaching enemy finally was discovered pandemonium broke loose, and there ensued a fight which, viewed from our position, was magnificent beyond description. The hunting party being outnumbered fifteen to one, this combat could end in only one way; they had to retreat and get away as best they could, which, most of them being mounted on the fleet-footed little hunting ponies, they fortunately were able to do. Nevertheless, in their flight they left their marks, for, as they broke through the line of the hostiles, they used their spears with deadly effect. Not all of them escaped, though, six of their number being slain, and their headless bodies were left where they fell. Of the Nanong warriors five were killed and twenty wounded.

The dead tribesmen were gathered and swung on bamboo poles together with the heads of the enemies. I watched these preparations with inward dread, for I knew that they meant a march, and I also knew

that I was to be taken into the mountains. It would have been no use for me to resist, for, as I afterward learned, these three hundred savages had orders to fetch me to the chief of Nanong, or, in default, lose their heads.

The Kalingas took my gun, belt of cartridges, hunting bolo, and revolver. They would not let me unload the arms, although I requested them to let me do so. As a consequence, I felt decidedly uncomfortable, for none of the savages knew much about a gun, and there were excellent prospects of someone being translated to the happy hunting grounds rather abruptly; and as I was the one nearest the business-end of the rifle, I figured that I would be the one to be transformed into an angel should the thing go off. Be it remembered that the Kalinga who was engineering the expedition persisted in walking immediately in my rear carrying the Krag, and it was owing solely to the fact that I always carried the rifle locked with the safety catch that I was not killed, for the fellow persisted in holding the gun in every position but the correct one, constantly using it to gesticulate with in speaking to his men. My revolver, being an automatic Colt, was not so liable to cause trouble, since they knew nothing at all about that weapon except that it is a very dangerous contraption. Indeed, they were mighty afraid of it, in fact, wanted to throw it away, but I persuaded them to bring it along, for I figured that in time I should need it badly, and thought that I could get hold of it easier than I could of the Krag.

The Kalinga calls the rifle "the father," and the revolver, "the son," and they really believed such to be the case, for Christianity had not reached these people at the time of these happenings, and all the religion they knew was the taking of heads. And that had been taught to them, handed down from generation to generation for years and years—five hundred years, that we know of.

After having gotten things quieted down, and arranged in marching order, we began to enter the defile leading to the heart of the Great Mountains, where lived the great Chief. This trip lasted three days, and was hard "hiking," for journeying over Kalinga trails is not like walking on the asphalt pavements of your big city. It is a continuation of ups and downs. And it does not make any difference which way one is going, it always seems that there are more ups than downs, for by the time one has reached the top of a mountain he is so relieved that he takes no note of the descent unless it is extra hard, which many times it is; for in mountain-hiking the muscles on the front of the leg are used in going up, and in coming down both sets come into play, although those on the back of the leg are used very little. Thus it is the one set of muscles which bear the brunt of the work, and it is very tiring.

Fig. 7. Here is where the cliff rose abruptly from the river and ran along the face of the cliff. Trail marked by a cross.

At one point on this trail the path rose abruptly out of the river where it had led along it for a distance of half a mile and then straight down to the bed of the river again. This abrupt change in the course of the trail was caused by the river at this place being too deep to ford, and there not being enough room for one to go above and swim across; for at this point the river suddenly shoots around the base of the cliff and runs and boils through a mass of rocks and boulders, so that, if one had

attempted to swim here, he could not reach the other shore before the current would have carried him down to the rocks and dashed out his brains. So we had to take to the cliff.

However, before I had reached the point in this trail where it ran parallel along the face of the cliff, I wished I had chanced the river; for the face of this rock was absolutely bare of vegetation and there was nothing to cling to—one simply had to step in the little places hollowed out by former feet that had traversed this path. These little depressions were just large enough to put one's toes in, no more. And right here is where I stopped the whole procession by astonishing the crowd with my acrobatic feats that would have put to shame a tight-rope walker, as, after pulling off my shoes, I began to balance on tip-toe from one foot to the other in fantastic style.

The trail at this place was one of the worst I ever saw, for all along the entire distance, from one end of the cliff to the other, if a single misstep had been made or the foot had slipped the fraction of an inch, nothing could have saved one from being hurled to instant death on the jagged rocks below. All other trails which I had gone over, if one's foot had slipped there would have been some chance of catching ahold of a shrub or clump of grass or something and so stop the fall or, in any case, break it; but here there was absolutely not a thing, and it simply spelled death—dead-sure death. No one could render assistance in case of a fall, for their own footing was not a whit less secure, while, if the man ahead slipped, those behind could only stand still and hope that the one falling might not strike them in his descent.

At other places along this part of the trail where the path led through the river the crossing was accomplished by either going a short distance above and swimming across or, as most of the Kalingas preferred to do, carry a large rock, weighing from seventy-five to a hundred pounds, upon the shoulders and thus loaded wade across safely; for, unweighted, his feet would be swept from under him by the swift current; and footing once lost there is no regaining it. There are many drownings of this kind, even with the large stone carried on the shoulder. The bottoms of these rivers are covered with rocks and boulders which are worn round and smooth and slick by the constant tumbling in the rushing waters as they roll down the stream. Of course, when the river is low, the rocks do not move, but when the rainy season is on, then little streams are quickly transformed from a river twenty or thirty yards across and from five to ten feet deep, to a raging mountain torrent which whirls and boils and climbs between the sides of the mounts that form the banks to almost any height—depending upon the rainfall higher up in the mountains at the head of the river and its tributaries.

These rivers run at the bases of the mountains, and when large volumes of water come rushing down, there is no room for the water to spread, as it is hemmed in by the mountains which flank both sides, the water of necessity rising in proportion. Of course traveling by the river trail at such time is impossible. Then the Kalinga takes to the mountain-trails; and these are still more difficult, but it is the only way, and if one wants to travel he must accept the inevitable.

Lucky Escape From Drowning

I nearly lost my life at one of these fording places because of the poor opinion held by the Kalingas of my physical capacity. We had come to a place where the trail led across the river and had prepared to cross. This preparation with the Kalinga consists in taking off his "G-string," placing it with his spear, shield, and head-ax upon his head, and wading across.

I pulled off my clothes and started to go above in order to swim across, as I had not then learned to cling to the bottom of the river with my feet as the Kalingas do. I was not permitted to attempt the swimming of the river, but, instead, two warriors were ordered to assist me across, one getting on each side of me with stones on their shoulders. We started in, and had reached the middle of the stream where it

was swiftest, when, by the Kalingas trying to support me, I was raised off my feet, which members immediately began the journey down stream. I tried to regain my footing, but it was impossible to get my feet back on the bottom. We struggled thus for a few seconds, until I saw that all three of us would be carried down to the falls only a short distance below. I threw off the men and started to swim for the other shore, and succeeded in reaching it only a few feet from the edge of the falls.

I was in ill humor, as may be imagined, and told the chief, if he wanted me to continue onward, that I was going to do my own navigating and did not need any of his assistance; that I would as lief have my head cut off as to have it smashed to pieces on the rocks or be drowned. As a result, he did not molest me any further, but permitted me to swim the rest of the crossings. The trick of wading across these swift rivers can be learned only by long practice. The scheme is to cling with the feet to the rocks at the bottom of the river, and as my feet were not of the monkey variety, like those of the Kalingas, I could not do it, so preferred swimming.

(To be continued.)

The Truth About the "Much-Abused" Common Soldier

With Special Reference to the Recent Maneuvers Near San Diego

By CHARLES STUART MOODY, M. D., Standpoint, Idaho
Major and Surgeon, National Guard of the State of Idaho

THIS is in no sense a medical or surgical article. There are hundreds of men who can write a better scientific article with both hands tied than I may ever hope to do.

This sketch is written after the completion of my detail with the Regular Army near San Diego, Calif., with the sole intention of clearing up, if possible, some erroneous ideas with regard to the condition of the common soldier which have been given some degree of prominence by the muckraking magazines. The average medical man, from his reading, will probably have acquired the belief that the common soldier in our army is about the most badly abused and maltreated person on earth. I have heard it stated that the trooper is half starved, beaten with many stripes, is made to sleep in a filthy guardhouse, for trivial offenses, and otherwise handled as though he were some new and dangerous sort of wild beast. If these things were true, it were high time that our "public educators," the magazines, should bring their guns to bear upon this theme; but they are not true.

When the War Department signified the intention of inviting certain of the National Guard officers from the various states to attend a series of maneuvers with the army on the border, I esteemed it a great

Fig. 1. Camp at Grossmount.

Fig. 2. Hospital corps going into camp.

privilege when I was chosen to be among the number. I had long had a desire to study the army from the inside.

Conditions at an Encampment

I reported for duty to Major P. J. O'Neal, Chief of Staff to General Bliss, at San Diego, Calif., April 5, and was by him assigned to service at Headquarters Hospital, Captain J. L. Bevens commanding. The California division was encamped at Grossmount, some fourteen miles from the city of San Diego, on the gentle slope of a hill overlooking the Pacific Ocean. The camp was just being established when I arrived, and thus was enabled to see the whole thing from the beginning. It is needless for me to say that perfect order prevailed; every movement was like the working of a nicely balanced piece of machinery. The men entered into their duties with spirit and good will. They seemed thoroughly to enjoy the experience as a welcome relief from the monotony of garrison life.

After the camp was established, I took occasion to investigate the accommodations most thoroughly. So much had been written about the inadequate manner in which the soldier is housed and fed that I entered upon research with considerable prejudice. The men, I found, were housed in their shelter-tents instead of the usual Sibly conicals. Their bedding was sufficient and spotlessly clean, far more sanitary than the beds of myriads of persons in private life.

Next I inspected the cooking arrangements and the food supply, for it is in these things that the soldier is supposed to suffer particularly. In connection with this, allow me to state that our officer's mess at the Headquarters Hospital was supplied from the same pots and kettles as that of the men composing the personnel of the hospital corps. We were served with exactly the same ration, only at a different table, and the ration issued the hospital-corps men was exactly the same as that supplied the enlisted men in all other departments of the army. We had a great variety of wholesome and well-cooked food, better by far than that found upon the table of the average wage-earner. Let me give, as an example, a bill of fare for a midday meal, as follows: soup (and not a thin, watery broth with a suggestion of flavor, but thick, rich soup), roast beef, baked potatoes, white bread, either green peas or green beans, oranges, two or three kinds of jam or jelly, fresh butter, coffee, tea or milk. I submit that a man can live quite comfortably on a fare like that. Understand, now, this is precisely what the enlisted men got. I know, for I often passed among them while they were at meals.

The old method of issuing rations in kind has been abolished, and each company

Fig. 3. Our Last Camp on Alpine Ridge.

commander has set to his credit a certain amount per day which he may (and does) expend for food at the commissary tent. He has the option of varying this ration, according to certain lines, which permits of great latitude in selecting food-stuffs. The wise company commander (and all of them are wise!) so manages to conserve his credit as to have a balance on hand with which he can purchase fresh eggs, fresh vegetables, fruits, milk, and other food supplies impossible to be had from the commissary. The bread is baked at the post bakery by men skilled in baking, and is clean and wholesome; and a loaf costing the men three cents weighs a half more than a ten-cent loaf purchased from any other source. One can readily see from the foregoing that the soldier does not suffer from lack of food. He is better fed than the average working man, and his food is prepared in better shape.

The Soldier Is Not Overworked

A great deal has been written about the drudgery of the soldier. Just now much manual labor is the enlisted man supposed to perform is a question that will doubtless interest many. The soldier is supposed to keep his quarters neat, his bedding aired, his clothing clean; he is supposed to see that his company street is kept free from debris. Besides, a soldier is supposed to perform certain other duties about the camp, known as police duty, which perhaps occupy his time two hours out of the twenty-four. If he chances to be selected for guard duty, this police service is not exacted. While on guard, he is on two hours and off four during the twenty-four hours. He then is not expected to stand guard for as long as ten days. In addition to the above, he is supposed to drill at least two hours each day, this, however, not being required when he is taken out on practice marches or sham battles. Taking it altogether, the soldier is not required to perform more than four hours' manual labor per day. How many working people do as little? I, myself, have worked in the harvest field at the most laborious kind of work from before sunrise until long after the sun had set. I have worked in a brickyard for ten hours in the blazing sun at the heaviest kind of labor for a wage scarcely more than the soldier receives.

So much for the labor part of it. Now about the personal treatment of the common soldier.

The Personal Treatment of Enlisted Men

Probably your blood has been made to boil by reading accounts of our soldiers being triced up by the thumbs and flogged, or of their being cast into unwholesome dungeons, half starved, and made to do service of a kind employed to punish men for their crimes. Let me place my hand

Fig. 4. Vaccinating for typhoid fever. Thirtieth Regiment in line.

solemnly upon my heart and assert that I did not see a single man tied up by his thumbs or flogged, and I looked diligently, too. Not one; and if I may be allowed to suggest, there were a few of them that sorely stood in need of it.

Army officers, without exception, are gentlemen, are educated and refined. They would no more think of abusing their men than of setting fire to an orphan asylum. It is a matter of pride with the officers that their men be in as high state of efficiency as possible, and this cannot be had unless they have the cooperation of the men themselves. The men take great pride in their command, they wish to show up well and, with but few exceptions, strive to make a good appearance.

Of course there are individuals who are constitutionally criminal, and such necessarily are submitted to punishment. In this punishment the other men concur and are generally the first to apprehend the delinquent. The punishment generally consists in from twenty-four hours to two weeks in the guardhouse, with a fine rising up to loss of pay for a month, besides, in extreme cases, having their honors taken away from them. The men are never submitted to the famous "water-cure" of our police courts, nor are they submitted to the "third degree." A court composed of officers outside the immediate organization to which the soldier belongs sits upon their actions, and its judgment is rendered upon opinions entirely unprejudiced.

Illustration of the Mode of Life in Camp

Take the Hospital Corps with which I was detailed as an example of how the men live. Their home station is at the Presidio, San Francisco. There they have a fine library, reading room, billiard room, and a music room in which there is a first-class piano with attachment, and a victrola with plenty of records. The men have a committee for the selection of books, periodicals, music, and everything that goes into their club. All these things belong to the men themselves, paid for out of their own funds.

Fig. 5. A group of hospital ambulances in the park.

As may be supposed, these things are not paid for out of the salaries of the men. They own and operate a post exchange and out of the profits accruing purchase the things required for their club.

Again, allow me to cite the Hospital Corps as an example of the manner of dealing with the men. The officers are the disbursers of the company mess fund. Captain Bevens executed his trust so carefully and economically that at the end of the month the men had always a balance on hand for the purchase of luxuries. For instance, one day, on a practice march, we passed through the town of Bostonia in the El Cajon Valley, one of the great citrus-fruit shipping points. Captain Bevens ordered one of the wagons to be turned out of line and halted before the packing house. He ordered loaded into this wagon a dozen crates of oranges. These oranges were paid for out of the surplus mess fund remaining in his hands. And thus it was all over the camp. The officers took the most lively interest in the well-being of their men, seeing to it that they were well fed and well cared for in every way.

Fig. 6. Letters from home. The gentleman with the "seldom" hair is Captain Bevens

All of these details have been told to disabuse the minds of the general public with regard to the condition of the common soldier. The soldier is far from being the downtrodden serf that he has been pictured. His condition both physically and financially is far preferable to that of the soft-coal miner in Pennsylvania or in Missouri, infinitely better than that of the workers in the cotton mills of the South or the rolling mills of the East.

Doubtless the matters of most interest to the medical reader will be the things learned in lines medical and hygienic. While my experience was of great value to me, in that I learned how an army is run from the inside, it was of far greater value for learning how Uncle Sam takes care of the health of his fighting men.

The lesson learned through the Spanish-American war was a dear one, but we have profited by it. We learned that the efficiency of an army depends upon the individual health of each man in that body. If the total enlistment of an army be reduced by sickness twenty-five percent, then the fighting strength of that army is reduced by just that figure. If a man die of dysentery or typhoid, he is just as effectually dead as though he had stopped a Mauser ball. Thousands of the flower of American manhood found graves in the late war, carried away by disease, simply because we were ignorant of the causative factors of that disease and the means of preventing it.

Fig. 7. "Just Before the Battle"

All this is now changed and the results of the change are quite apparent in the

health of the army. When I make the statement that there was not a single case of typhoid fever in the camp at Grossmount, and but very few cases of any other disease, the reader will understand what the enforcement of a rigid system of sanitation has done for our army. That the absence of typhoid fever was due in a great measure to the use of the antityphoid serum is quite probable, though it is yet too soon to make a dogmatic statement upon that subject.

Major Ashburn, the sanitary inspector, was indefatigable in the performance of his duties, and the Grossmount camp was kept in an absolutely sanitary condition. In this he was ably seconded by Captain Bevens and his staff of surgeons. The daily treatment of the latrines and sinks with crude petroleum prevented the spread of flies, those industrious carriers of disease. The constant incineration of all garbage—nothing being allowed to accumulate around the kitchens, or indeed at any place of the camp ground—had its beneficial effect in the same manner. The sanitary methods of a military camp might well be studied with profit by municipal health officers, more especially those in small towns where the medical supervisor is called upon to bring sanitary order out of most unsanitary chaos, and in most instances must do so without the assistance of either the mayor or the city council.

Not the least important procedure at Grossmount was the vaccination of the men against typhoid fever. The manner in which this was carried out by Captain Bevens and his staff was a marvel of neatness and expedition. The use of iodine for sterilizing the skin-surface before introducing the needle was new to me, and proved so to the other visiting surgeons. I will state in this connection that out of the 3000 men vaccinated there did not occur a single case of infection. From the vaccination itself, not more than three cases of extreme reaction resulted.

It was, of course, from a purely military standpoint that we derived the greatest good from the experience. The long tactical rides over the rolling hills and through the beautiful orange groves of southern California furnished an experience that will ever remain one of the bright memories in my medical life. It does a man good to touch shoulders with the brightest men in our profession; and I opine it is a fact that the medical officers of the United States Army are of that class.

Modern Therapeutic Thought in Germany

A Review and an Appreciation

By WILLIAM J. ROBINSON, M. D., New York City
Editor of The Critic and Guide, and of The American Journal of Urology

THE serene and confirmed optimist believes, and is fond of repeating the statement, that every evil contains within itself the germ of improvement, its elimination, its own destruction. As a general statement of universal applicability it is, like all general statements, apt to be, *untrue;* but it is *true* in many cases.

Every extreme tendency is apt to create a reaction in the opposite direction. The most profoundly catholic countries contain most extreme and most militant atheists; the indescribable brutality of the Russian government calls for the noblest and most self-sacrificing revolutionary heroism, degenerating in some instances into universal terrorism. And it is no wonder that the original country of therapeutic nihilism should, in time, give rise to a school of the most active, most hopeful therapeutic optimism.

When Pathology Was Dominant

It is no exaggeration to say that there was a time in Germany (and when I say Germany I include all German-speaking countries, namely, Germany, Austria-Hungary, and German Switzerland) when the

cure of the patient was quite a minor, quite an unimportant consideration. It is no libel on Skoda and Rokitansky to state that all they were interested in was the diagnosis of the disease, and its confirmation, whenever possible, by autopsy.

I will not say that in rare obscure cases their scientific interest was so great that they occasionally helped the patient along to become an object for autopsy, in order to confirm or disprove their diagnosis and get some light on dark points; but I will say—for this tendency could still be observed as late as twenty years ago in various German hospitals—that when a complicated, interesting, not fully diagnosticated "case" recovered, they were likely to be extremely dissatisfied.

They actually felt a grudge against the patient. What right had he to recover and thus foil their work, dampen their ardor, and frustrate their scientific inquisitiveness by depriving them of a chance to perform a careful, exhaustive autopsy! Very inconsiderate, indeed, on the part of the patient. It showed plainly that he was so benighted that his own insignificant life was dearer to him than the progress of pathology.

The Therapeutic Age Is Here

Things have changed. The medical profession has become cognizant of the fact that its only *raison d'être* is its ability to prevent and to cure disease. A "great" physician who cannot cure is like a great orator who cannot speak, a great singer without vocal cords, like heat that does not warm, like light that does not illumine.

The greatest contributions to physiology, to pathology, to bacteriology still come from Germany, but so do our most important contributions to therapeutics. Not only do great chemical establishments employ great scientists whose object it is to be constantly on the lookout for—i. e., constantly experimenting with, constantly inventing—new therapeutic agents, but countless workers in the research laboratories of the universities and in special pharmacologic institutes labor day and night with the same purpose, with the same object in view.

During my annual European trips I naturally pay more attention to genito-urinary diseases and dermatology, and spend most time in venereal clinics. But, I have preserved enough interest in pharmacology and general therapeutics to follow closely the progress of these branches of medicine, and I can say that anybody who would accuse German physicians of being therapeutic nihilists or therapeutic pessimists would do them a great injustice, for nothing would be farther from the truth. In no country in Europe have I observed greater hope in the future of medicine, greater faith in the therapeutic triumphs to come, greater pride at the results already achieved at the tasks already accomplished. And if I were asked to mention the general, dominant note in modern therapeutic thought in Germany, I should say this: The dominant note in therapeutic thought in Germany today is—great faith in our present-day therapeutic methods and boundless hope in the developments of tomorrow.

Drugs Occupy An Important Place

And among the German therapeutic methods of today, drugs occupy an important and honored place. It is true that no physical or physiological method is neglected. Hydrotherapy in its numerous applications is of universal use; direct sunlight is used extensively, both as a local application (in surgical tuberculosis, for instance—and with very good results, by the way) and in the form of general sun-baths; air-baths are thought of very highly; the Roentgen rays (and by the way never refer to them as the x-rays in Germany, if you do not want to offend your medical friends), radium, electricity in its multitudinous forms, sera, vaccines, mineral waters, mineral baths, suggestion, psychoanalysis, etc., etc., all these measures are in general and constant use. But drugs are not neglected, by any means. There is zealous, one might say feverish activity everywhere, to invent new chemicals, to improve old ones, to find new applications for old drugs, to offer them in more convenient or more palatable forms, or to isolate their active principles.

And speaking of active principles, I am glad to state that the advanced therapeutists in Germany, as advanced therapeutists everywhere, fully recognize that real progress is only possible with well-defined, isolated active principles, be they alkaloids, glucosides, neutral principles, or chemical salts, organic or inorganic. Their activity, of late years, in the isolating of the most active principles of digitalis, strophanthus, ergot, the combined alkaloids of opium, and so on, shows plainly that they recognize that galenical preparations containing various constituents in varying proportions are not proper preparations for pharmacologic research and investigation, nor reliable remedies at the bedside.

We must know first what we are giving, and how much we are giving, and this can be accomplished only by the administration of isolated active principles, either singly or in combination. And while but a few years ago the liquid mixture, or the bulky powder, or the extemporaneous pill were the favorite methods of prescribing, the compressed tablet, the tablet-triturate, the granule, the ready-made pilule are now everywhere in evidence.

In short, to the efficiency and reliability of its medicaments German pharmacy now adds the elegance, palatability and convenience of France and the United States.

Proprietary Medicines in Germany

One point more I wish to mention before concluding these cursory remarks. It is something which is surprising and shocking to most Americans until they get used to it. It is the freedom with which professors and instructors refer to proprietary preparations in their lectures and in their clinics. In discussing cases or recommending treatments, the German physician has not the slightest hesitation in mentioning half a dozen proprietary synthetics, as simply elegant preparations. He is not afraid that he might be suspected of being in the employ of some manufacturer. On some days I heard a dozen or two different proprietary preparations mentioned in the different clinics, and nobody thought any the worse of the professor or instructor. On the contrary, the listeners took down the names religiously and were thankful for the information.

Just imagine an American lecturer recommending some proprietary preparation or even some special brand of a nonproprietary preparation *publicly!* Why, it would be considered a greater crime than chronic inebriety or licentious debauchery. But, then, we are so *much* more ethical than either Germany, or Austria, or France, or that little Switzerland.

Jokes aside, we come back, unconsciously, to where we started. An evil tendency is apt to cause a reaction, which not infrequently goes to the other extreme. We were so gullible in this country; we were so credulous; we swallowed and prescribed so gullibly gallons of worthless concoctions, that now we get the shivers down our backs and tremblings at the knees at the mere mention of a proprietary medicine. But this silly attitude is going to pass away and we are going to regain our sanity. Things will come out all right.

To make a résumé of the subject in one brief paragraph: The modern therapeutic thought of Germany is decidedly hopeful, optimistic and positive. While every agency, material and immaterial, is used in the treatment of disease, drugs still occupy an important position, and this in spite of attacks of the illiterates and ignoramuses and antidrug quacks, known as *naturaerzte* (which corresponds to our "naturopaths"), of which Germany has quite a number. The tendency in pharmacologic research and at the bedside in Germany is very decidedly towards the isolation of the active principles of drugs and the production of definite chemical compounds.

12 Mount Morris Park, West.

Modern Tendencies in American Therapeutics

An Appeal for Practical Constructive Work

By WALLACE C. ABBOTT, M. D., Chicago, Illinois

NEWNESS seems to be the first requisite to command the attention of the American doctor, and utility is an all-too-minor consideration. An old idea must now be given a "brand new" dress, and an old disease a fresh remedy, to secure attention on the part of the profession. Nor is this interest in "novelty" to be too readily condemned. It is the sign of the mental unrest which seeks better things with which to replace what is unsatisfactory. It is the impelling force which *forces* us to progress in spite of the all-too-frequent inertia of our leaders.

A striking example may be found in the treatment of Asiatic cholera, that has so brilliantly succeeded in Calcutta—the use of calcium permanganate. This substance is an oxidizing agent, says Rogers, and a warm welcome is given it by the great men of the profession as represented by *The Lancet* and Johns Hopkins University. But what is "oxidation" but disinfection, and what is the permanganate of calcium but a variant of the potassium salt?

A Reexpression of Intestinal Antisepsis

We see here once more the principle of intestinal antisepsis for which we have clamored for a quarter of a century, while at the same time urging a better antiseptic remedy and one not open to the very serious objection against the permanganates, namely, the possibility of arousing tendencies to hemorrhage.

The three elements of success in Rogers' proposition are: (1) That it is advanced by a foreigner; (2) the principle of therapeutic action receives a new name; and (3) a new agent is employed. So, just as the American profession received Dixon's remarkable work on the tubercle extract with derision and neglect, but when the same thing was promulgated by Koch went crazy over it, so now they would welcome Rogers' proposition, were it not that we have no Asiatic cholera here and the reason for the existence of cholera infantum has passed. And before next summer waxes sultry this novelty will have evaporated.

But novelty may be and often is a distinct mark of advance. And this also is shown in Rogers' work, for he improves the well-known method of subcutaneous or intravenous injections of saline solutions, by using a hypertonic instead of a decinormal solution, thereby securing increased efficacy and far more lasting results.

The striking thing about all this, the point that interests us most, is that faith in the efficacy of intestinal therapeutics is growing. It is one of the imperative tendencies of present-day therapeutic thought. Our work is bearing more and more fruit. Our slogan, "Clean out, clean up and keep clean," has not been in vain.

Cholera Infantum—and Hog Cholera

The suggestion that Rogers' method should prove efficacious in cholera infantum and in the diarrheas of infancy would be important, were it not that we already have a means of coping with these maladies so satisfactory that no improvement seems possible.

Twenty-five years ago the mortality from diseases of this class was frightful. Today they are no longer a thing to terrify the physician and pale the mother's cheek. Thanks to the sulphocarbolates, they are more readily and more surely curable than is ague with quinine The positive therapist has been able to improve still further this method of treating cholera infantum, by the addition of atropine, for the purpose of controlling the excitement of the vagi and of relieving the rush of serum to the bowel by impelling the blood to the cutaneous capillaries.

This method of treatment rivals in importance the wonderful advancement in our knowledge of infant feeding, which has characterized recent years.

It seems probable that a new impetus may be given to the use of the sulphocarbolates by the development of their employment by the veterinarians. The practician among animals is no longer the illiterate, albeit practical, "horse doctor." whose sterling qualities made "horse sense" proverbial. The latter he retains, but, in addition, he is trained and skilled in modern science; and the microscope as well as all the paraphernalia of the bacteriologist, the chemist, and the physiologic experimentor are as well known to him as to the curer of human ailments.

Quite recently the veterinarian has been struggling with a veritable epidemic of choleras both in hog and fowl; and after vainly seeking in the sera for the needed remedies, he has found them in the combined phenol-free sulphocarbolates. That these men's surprisingly favorable experiences must direct renewed attention to these salts as applicable to the human intestinal maladies, whether choleraic or dysenteric, or of a "typhoid" character, seems likely. It would seem that even the most conservative of physicians could no longer be blind to the virtues and possibilities of these antiseptics.

Why Do We Combine the Sulphocarbolates?

Here we confront a criticism. "Why," someone asks, "when you advocate single remedies to overcome clearly comprehended disorders in physiologic function, do you employ a mixture of three sulphocarbolates, and even add a fourth—now copper?" The answer is plain. It is because we are first of all physicians; and being practical men, we seek to meet conditions as they arise, with the best available means.

There is no reason to doubt that the various antiseptic agents act differently on the various microorganisms. There are ample grounds for believing that we have not as yet recognized all those varieties that may infect the alimentary canal and its contents; and since each of these has proved effective, we believe that the union of the four may accomplish better results than any one of them alone. Then —they have succeeded, and we never allow theory or preconceived opinion to interfere with fact. The welfare of the patient comes first, our own attempted explanations of the facts afterward.

The Single-Remedy Idea and Hypodermic Medication Growing in Favor

One of the most gratifying evidences of progress along the line of scientific therapeutics is the growing tendency to the use of single remedies to meet single, clearly comprehended indications. Precision of dose, and minimal dosage frequently repeated to effect, are also being more generally understood and sought, and as a consequence we see that whenever a new remedy is introduced, its active principle is sought, and with that, subcutaneous, even intravenous, administration gains in popularity.

It is more than a quarter of a century since Bartholow published his book on hypodermic medication, and only recently has there arisen a demand for a new work that will bring the subject up to the latest developments.

The Surgeon as Exact Therapeutist

The surgeon gives physostigmine to stimulate intestinal muscular fiber and thus relieve or prevent flatulence and constipation with all the evils they entrain; he gives atropine to dry up the respiratory mucus and thus to relieve the patient under anesthesia of one of its perils; he applies strychnine in shock, with judgment instead of with panic rashness, throwing into the circulation maximal doses, that stir up the feeble vital forces; he is beginning to comprehend the powers of atropine in restraining hemorrhage by impounding the blood in the capacious capillary system; he at last recognizes the import of fecal toxemia and the means of preventing it; he has joined the specialists in the use of pure active principles, appreciating, as his mechanically trained mind might be expected to do, the precision of application possible as against the uncertainty of the old crudities.

Surely, in due time the internists must, and will, realize that similar precision is desirable in medicating the parts of the body under their charge. The grand field for future work is the study of disordered function in the living human body and of the influence of medicinal agencies over it. This study must be in the clinical laboratory, the sick-room, and will require more careful training of the eye, ear, and other special senses of the educated trained clinician. He will diagnose more closely, delve more deeply into the mysteries of the body-chemistry, and as he understands the niceties of function better, will have finer, more exact tools in its readjustment. The therapeutic tendencies lead inevitably to exact remedies, of definite and unvarying composition and positive action. The doctor of the future *must be* an active-principle man—able, appreciative and active.

The Search for Better Remedies

It is this demand for exactitude, for certainties, which is really behind the movement for the improvement of our drug therapy, and especially for standardizing the galenic remedies. This movement is to be commended, and we are heartily in favor of it. So long as physicians *will* cling to the fluid extracts and tinctures, to which they are attached by custom and tradition, as well as by the teaching of the "faculties," by all means let us insist that these remedies shall be as nearly right as it is possible to make them.

Many of the standardized tinctures and extracts are excellent. We take off our hat to the painstaking activity and careful scientific work with which a number of manufacturing houses have endeavored to solve this difficult, and really unsolvable, problem. There is not the slightest question that in many instances they are producing products which in ninety cases out of a hundred are right, and capable of giving the full therapeutic action of the drug.

But what of the ten percent where the methods fail? What of the other manufacturers whose methods are faulty? What of the drugs that deteriorate after they are made and standing on the retailers' shelves? Can you suggest to take the chances of failure in even ten percent of your cases?

While standardized drugs are better than the unstandardized—in some instances almost infinitely better—and while the manufacturers of these products deserve credit for the care with which they prepare them, the method itself is inherently faulty and imperfect.

The car of progress is being driven inevitably toward absolute certainties—toward exact chemicals, whether synthetic or active principle, which *always* are the same. The day of mystery in medication is gone forever, never to return. The cry of the physician is: "Enough of theories. Have done with uncertainties. Give me facts, and give me help!" All our study, pathologic as well as diagnostic, in these later days is essentially utilitarian and leads invariably to the same end—*toward something that will cure or relieve, and that quickly.*

Tendencies in Serum Therapy

I have been intensely interested in the latest studies in immunity—in the development of serums, vaccines and antitoxins. The trend is here just the same. Our scientific investigators want things that can be weighed, measured, and checked up by the securing of definite physiological reactions and clinical results!

Exactness! exactness!—this is the cry everywhere. This is what we "positive therapists" are trying to put into our work. And we are going to do better work, and still better. Opposition, criticism we have had to contend with; but they are only the stimuli to more exhaustive effort, to greater and still more scientific achievement.

And this brings me, somehow, back to standardization again. It is good—an honest effort—but after all a broken reed, insufficient, *at its best*, to bear the burden of twentieth-century medicine. I want to quote here from an article contributed some years ago to *The Medical Record* by Dr. William J. Robinson of New York. This is what he says:

"Let us take aconite, for instance. The Pharmacopeia gives an extremely trouble-

some method for standardizing the fluid extract of aconite, so that each 100 Cc. of the fluid may contain 0.4 Gram of aconitine. Now, what is all this trouble for? Either aconitine represents the virtues of aconite, or it does not. If it represents the virtues of aconite, then why not use aconitine *per se?* For even the most enthusiastic believer in galenics will admit that, if we have an active principle which fully represents the potent drug, the administration of such active principle is in every way preferable. We need only mention the smallness of the dose, convenience of administration, absolute exactness of the dose administered, unchangeability, invariability through evaporation, etc. If, on the other hand, the aconitine does not represent the full activity of aconite, if the aconite possesses something else of value besides the aconitine, something mysterious which cannot be isolated and standardized, then to what purpose is the standardizing for aconitine?"

Dr. Robinson's article was almost prophetic. More than two years after it was printed the state board of health of Kansas examined fifty-seven samples of tincture of aconite—and only one of these was up to the supposed-to-be standard, only one other of even 50-percent strength, while many were below 25 percent.

In the case of other drugs, as Dr. Robinson points out, the failure is still marked:

"Pilocarpus, for instance, contains two principal alkaloids, pilocarpine and jaborine. The action of jaborine is directly antagonistic to that of pilocarpine. Now, of what good is it to know how much jaborine it contains? Suppose the fluid extract of pilocarpine does contain 0.4 percent of pilocarpine, as the Pharmacopeia directs. Of what good is it if we do not know whether the amount of jaborine it contains may entirely overshadow the action of the pilocarpine? It is clearly evident that a fluid extract with but 0.3 percent of pilocarpine, but a very small amount of jaborine, may still prove more efficient than a fluid extract of 0.4 percent of pilocarpine but a very large percentage of jaborine. Will any honest standardizer kindly answer the above arguments?"

And again he says:

"Let us assume for the present, for the sake of argument, that standardization really standardizes, that when a fluid extract just finished is stated to contain a certain percentage of alkaloids, it really contains that amount. What guarantee is there that the same percentage will be contained in it a month, or six months, or a year later? Are not the temperature, exposure to air, evaporation of menstruum very liable to cause the precipitation or decomposition of the active principle contents or change their relative proportion?"

Without going over all the arguments again, with which you are doubtless familiar, I can do no better than quote Dr. Robinson's summary, showing why standardization is useless, and unreliable, as follows:

"1. When the active principle fully represents the drug, it requires no argument that standardization is useless, and worse than useless, because the active principle offers indisputable advantages in (a) smallness of dose, (b) convenience of administration, (c) exactness of dose, (d) freedom from objectionable and irritating inert material, (e) nonchangeability, (f) nonvariability, (g) and more rapid absorption. (2.) When the active principle does not represent the drug in every respect, standardization of one active principle is worse than useless, because it gives no infor nation as to the absolute and relative amount of the other active principles, and does not provide for the removal of antagonistic principles.

"Standardization is unreliable, for even if the galenic preparation, when made, contains the exact percentage of active principle, the latter soon begins to deteriorate; changes in temperature, exposure, evaporation cause a change in the menstruum, which in its turn produces precipitation, etc. That such deterioration is actual, and not hypothetical, has been publicly acknowledged by one of the most prominent manufacturers of galenic preparations."

Yes, the tendency is inevitably toward the more wide use of the active principles of our vegetable remedies, but let me not

give the impression that no difficulties present themselves, that it is easy to secure or to prepare these proximate therapeutic elements in all their purity, in every instance. There *are* difficulties, and these are the greater because the innovator must step outside of the beaten paths, going into fields that are little explored, as a pioneer.

There are drugs, indeed, whose activity depends upon substances which we have failed to isolate—such as echinacea; others, which have known principles, but which have not as yet been sufficiently studied to determine their exact range and limitations—like ergot. There are others which present pharmaceutic and chemic problems of the utmost interest, which are not yet solved to our complete satisfaction, and among these is digitalis—one of the most valuable substances of our Pharmacopeia.

But there is intense, earnest inquiry into all these problems, and they are melting away. One of the significant signs of the distrust of galenic medicine is that our chemists—German, French, English, and American—are attacking these problems with a vigor never before known.

Take digitalis, for instance. See the new glucosidal products of that drug which are being put on the market. Then bear in mind that we—you, and I, and all of us—have served as the stimuli, have been the whips, to that new and constantly growing movement; and that right now *our* chemists, *our* scientific workers are personally and actively aiding and stimulating again—all along the line.

Mistakes? Of course there have been. Defects here and there? Undoubtedly! But the idea is right, the work is clean, it is uplifting to the profession, and in it we see the regeneration of therapeutics, the building over of drug medication to bring it into accord with the spiritual as well as with the scientific spirit of the age.

And I want to interest *you*. Forget the commercial side now. I am not talking about that. I beg you to take hold of and study earnestly what I believe to be a great therapeutic movement. Let's work *together*, if we can. At any rate, we can all *work* for a more exact, a more positive, a more scientific therapy, even if we disagree as to details and as to men.

And the last word is this: *It is our duty, first, last, and all the time, to make good.* Are we doing all we can? Can we not do more and better?

Dr. John Redman Coxe

A "Little Journey" to the Home of a Great American Therapeutist

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EDITORIAL NOTE.—From time to time Doctor Butler has written for CLINICAL MEDICINE *sketches of the men who have contributed to the development of our American materia medica. We are glad to have another article in this series, and hope to have others.*

WHEN the qualities of arduously acquired learning, undaunted courage, and astonishing tenacity of purpose are combined in a man, and when to these attributes he possesses, in addition, the gift of a perfect physical constitution and unfailing health, it may fairly be assumed that he should leave his mark in whatever profession he may engage.

All the equipment here enumerated had Dr. John Redman Coxe—a name which should be familiar to every student of medicine—and, assuredly, he required it in the course of his long and strenuous career. Coxe, furthermore, was a student who made departures, which is equivalent to saying that he was one who invited criticism and opposition, and who must,

inevitably, face the consequences. These consequences he did not shirk.

The biography of the great physician—not as widely known as it should be, never having appeared in book form—affords in the story of each year a lesson to the medical students of today, who do not always realize the fact that the profession they have chosen is one which demands more than mere graduation from a college, however high its standing. Schooling is an essential, it is true, but a knowledge far broader than merely technical learning is required in the doctor who would attain to eminence. Take the sum of Dr. Coxe's preparation for his task, considered in brief outline:

Preparing for His Chosen Life-Work

John Redman Coxe was born in Trenton, New Jersey, December 16, 1773. His boyhood education was under the direction of his grandfather, Dr. John Redman, with whom he remained until his tenth year, when he was taken to England, where he went to school until his seventeenth year. He then completed his acquaintance with the classics at Edinburg, and while there attended a course of medical lectures at the university. The young man returned to America in 1790, and at once began the regular study of medicine under Dr. Benjamin Rush, than whom, it is needless to say, he could have had no better adviser. He received his medical diploma in 1794. While with Dr. Rush he was actively engaged in practice, especially during the severe visitation of yellow-fever in 1793, at which time three of his fellow students were victims of that disease.

With his general educational attainments, and after this study and experience, diploma in hand, one might think Dr. Coxe now reasonably prepared for practice alone and for meeting the contingencies of his calling. Would not that be the opinion of the average young graduate from the average medical college nowadays? But young Doctor Coxe held a different view.

Immediately after leaving Dr. Rush, the young physician went to London, where he became a house-pupil at the London Hospital, remaining a year in that position and devoting all his energies to hard practice and the study of the manifold diseases. From London he then went to Edinburg again, attending lectures at the university for a season, after which he sought Paris, there to continue his studies for some months under new conditions and the direction of other authorities. Returning to London, he once more spent several months in the hospitals. By this time he seems to have felt justified at last in assuming the responsibilities of a practising physician!

Engaging in the Practice of Medicine

Dr. Coxe returned to the United States in the winter of 1796–7, settled in Philadelphia, and at once entered upon the active practice of the profession for which he had prepared himself so sedulously. He was already possessed of a wide acquaintance, his history and experience were known, and thus his success was assured from the beginning. With the second visitation of yellow-fever, which occurred in 1798, Doctor Coxe was appointed physician to the port by the Philadelphia board of health and fulfilled the duties of that trying position with such ability as to add to his already growing reputation. His field of labors gradually expanded and he became, and remained for several years, one of the physicians of the Pennsylvania Hospital and also of the Philadelphia Dispensary. Then came a new and extended career which developed, after a strenuous episode, into a broader and greater one.

Entering a New and Broader Life

In 1809 Doctor Coxe was elected professor of chemistry in the University of Pennsylvania, occupying that chair for nine years, and devoting himself with all earnestness, after his way, to the duties of the position. In 1818—whether at his own request or otherwise does not appear in what is now known of actuating causes—he was transferred to the chair of materia medica and pharmacy. In this new field he, apparently, found room for the exercise of his bent for original investigation and experiment, an inclination which could

not but have been fostered and encouraged during his studies under Dr. Rush, whose investigations in many regions so greatly extended the world of medically valuable plants. He had learned much and did not fear to undertake the novel, laboring in this particular field for seventeen years.

Independent Thinking Arouses Opposition

Then there came what must have been somewhat of a cataclysm in the medical department of the university. What its causes were or whence its force came does not clearly appear, but certain it is that Doctor Coxe came into serious conflict with, as it seems, a majority of his associates. Suffice it to say that, in 1835, some sort of combination of other of the teachers was made against him and that his colleagues presented a statement to the trustees of the institution, in which it was declared that the department presided over by Coxe was not of sufficient importance to occupy the whole time of a professor; and asserting, furthermore, that he was incompetent for the place! It was suggested, also, that he be removed and—incomprehensible as it appears at this time—the suggestion was acted upon by the trustees. It may be said in comment that even today college professors sometimes have unpleasant experiences with laymen boards under sinister influences of one kind or another.

However dim, in perspective, may be the causes which led to the campaign against Doctor Coxe, they may, nevertheless, be pretty closely guessed at, in the light of his subsequent career. He was a man who thought for himself. But he who is guilty of that crime has, from the beginning of medicine, been looked upon with suspicion by the strictly orthodox in practice and conception—those who rely on precedent alone and are convinced there is nothing more to know. Had it been suggested from any reliable source at the time the yellow-fever was raging in Philadelphia that mosquitoes had anything to do with the transmission of the plague, Dr. Coxe would doubtless have inquired, experimented, and acted in accordance with what he had discovered; equally certain it is that he would have been scoffed at by those of the ancient school and assailed by them unitedly as a wild and dangerous innovator.

Already Coxe had made departures from the sacred tenets of the fold. He was one of the first to introduce the practice of vaccination into the United States and the very first to secure its adoption in the city of New York. This alone might have partly awakened a certain apprehension, gradually developing into antagonism, among the old guard; but the chances are that the opinions of the progressive physician expressed in print had most to do with the situation which developed in the university. Doctor Coxe was a prolific author, and that his views should conflict with those of his confreres was almost a matter of course; that they were widely circulated but made the matter worse. The cabal was successful, and he ceased to be a member of the faculty of the University of Pennsylvania, greatly to the indignation of his friends and the public at large.

The mere occupancy or not of a chair in an institution of learning cannot greatly affect in any way the career of a man great in himself in his profession. Doctor Coxe, personally, does not appear to have much regarded the slight change induced in his field of effort. His reputation was already established; his authorship of "The American Dispensatory" alone had been sufficient to give him a high place in the world of essential medical literature, while before him he had work which could not be hindered or impaired by any hostile combination. Upon this work he calmly engaged himself, and the record made was such as to lift him far above the realm of captiousness and opposition. Let us consider the achievements of his life, outside his actual practice.

Leaves a Rich Literary Legacy

Doctor Coxe was the author of "Inflammation" (1794); "Importance and Responsibility of the Science of Medicine" (1800); "Vaccination" (1802); "Combustion" (1811); "Emporium of Arts and Sciences" (1812); "The American Dispen-

satory" (1822); "An Inquiry Into the Claim of William Harvey of the Circulation of the Blood" (1834); "Recognition of Friends in Another World" (1845); "The Writings of Hippocrates and Galen, Epitomized From the Original Translations" (1846); also, a translation of Orfila's "Practical Chemistry" (1848). In addition, he was a frequent contributor to medical journals and other periodicals, sometimes taking an editorial part. What an active life, and how effective! Of what importance to such a man could be a professorship in a university?

The pharmacopeia, judging from his productions, must have been with Doctor Coxe always something of a hobby and especial study. The authorship of the "Dispensatory" would be proof in that direction, but it is supplemented by his interest in special prescriptions, always admirably adapted to their purpose. One, in particular, gave him wide popular reputation, his name for half a century being a household word in connection with the well known and still venerated "hive syrup," which combination was his invention and which, according to a contemporary authority of standing, *The American Medical Times*, proved an "estimable blessing to thousands." It was first used to cure his own children of "hives" or croup.

Such is a brief outline of the career of one of the leading physicians of what might be called the closing century of the "old school" of practitioners; and that he, himself, contributed in no slight degree toward the installation of ideas which allowed the growth of the broader-minded and better school of the present is sufficiently indicated by the outcome of his theories, as well as by the regard he attained throughout the country in his lifetime, and which has not abated among those who have made a study of the lines of achievement of great American doctors.

What must have been the occasional reflections of Doctor Coxe in the serenity of his closing experience may readily be imagined. He could well look with a retrospective indulgence upon the attitude of those who had once opposed him. He had, in truth, at all times carried himself like a philosopher. He died, in Philadelphia, on the 22nd of March, 1864, in his ninetieth year, not of any disease, but passed away peacefully, of old age. He had never suffered an illness in his life!

The Clinical Congress of the Surgeons of North America

A Review of Its Second Annual Meeting

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THE second Clinical Congress of the Surgeons of North America was held in Philadelphia the second two weeks of November. It was a notable meeting—notable for the amount of enthusiasm shown, notable for the large attendance (every state was represented excepting Nevada, Idaho, and Wyoming), notable for the vast amount of clinical material presented, and notable for the great number of distinguished visitors present. Enumeration of even the most eminent of those present would be wearisome, so long would be the list. Upon the stage, one evening, there were seated the justly celebrated John B. Murphy, of Chicago, President of the American Medical Association; the eminent Abraham Jacobi, of New York, President-elect of the same great society; the distinguished William J. Mayo, of Rochester, Minnesota; and the equally well-known Albert J. Ochsner, of Chicago.

The Addresses

Most of the evenings were devoted to addresses by prominent men representing almost every field of surgical science.

Dr. J. F. Binnie, of Kansas City, spoke on Surgical Pathology of the Stomach and Duodenum; Dr. Geo. Emerson Brewer, of New York, on Surgery of the Liver and Bile-ducts; Dr. Maurice H. Richardson, of Boston, on Surgery of the Pancreas; Dr. A. J. Ochsner, of Chicago, on Coordination of Undergraduate and Postgraduate Teaching; Dr. Wm. J. Mayo, of Rochester, Minnesota, on Surgical Cure of Cancer of the Stomach; Dr. Alexis Carrel, of New York, on The Technic and Remote Results of Blood-vessel Anastomosis; Dr. Hugh T. Patrick, of Chicago, on Deep Injections of Alcohol for Tic Douloureux; Dr. Harvey Cushing, of Baltimore, on Some Clinical Types of Disordered Function of the Pituitary Body; Dr. Alfred G. Allen, of Philadelphia, on Surgery of the Spinal Cord; Dr. Chas. H. Mayo, of Rochester, on Surgery of the Thyroid; Dr. Joseph A. Blake, of New York, on Operative Treatment of Fractures; Dr. J. M. T. Finney, of Baltimore, on The Significance of Blood in the Stools; Dr. Chas. L. Scudder, of Boston, on Pyloric Stenosis in Infancy; Dr. Edwin B. Cragin, of New York, on Ectopic Gestation; and many more of like character as to excellence of matter and eminence of author.

All of these addresses were instructive, and some most valuable advice was given. The discussion, in most instances, was not spontaneous—mostly "prepared" in advance and hence not quite so impressive to the audience, though thoroughly enjoyable throughout.

The Transplantation of Organs

Unquestionably the most sensational of all was Carrel's demonstration. To anastomose blood-vessels is not so very new, nor is the idea of transplantation of organs. But to show a dog two years after both kidneys were removed and replaced by others taken from other dogs, alive and as active as any other dog, is theatrical, sensational, phenomenal.

The possibilities which are opened up by this method of treatment are almost incredible: A man's kidney is hopelessly diseased; a healthy human kidney is secured from a man just killed or dead from some form of disease not injurious to the kidney, and transplantation made; and, lo, the sick man is promptly cured! It remains to be demonstrated that a calf's kidney (or a sheep's) may be transplanted into the man and fill all of the functions of the human organ. Theoretically it ought to work; practically it may fail.

Hammond, at the Methodist Episcopal Hospital, one day transplanted a sheep's testicle into a scrotum from which a tuberculous testicle was removed. It attached itself nicely—that is, it did not become necrotic and slough out—but whether or not it will functionate is yet to be shown. If so—"what will the harvest be?"

Cold-Storage Substitutive Surgery

A peculiar fact has been developed from Carrel's first work. It has been ascertained that immediate transplantation is not necessary to success; if the extirpated organ or tissue be preserved in perfect sterility at a temperature of 40° F., the transplantation may be made 30 or even 60 days after the parts were removed. Thus a knee-joint, removed for a crushing of the upper thigh, may be preserved a month or two and then substituted for a tuberculous, useless knee-joint and a knee of perfect function be secured. This seems incredible, but is nevertheless true. If the bones and ligaments be united perfectly the tissues "come to life." From an everyday, practical standpoint these remarkable demonstrations of anatomic transplantation are of momentous import.

On Anesthesia

It is rather remarkable how the surgeons are trying to get away from ether. Dr. John H. Gibbon remarked one day at his clinic that there have been many deaths from ether in the Pennsylvania and Jefferson Hospitals and that the conscientious surgeons are now avoiding ether whenever possible, on account of the secondary dangers. Indeed, the immediate danger is not slight. Twice during the two weeks' clinics I saw "near-deaths." In one case (Stewart's clinic) life was saved by prompt tracheotomy and artificial

respiration; and I was told there was a death on the table at another clinic. So the vaunted "safety" of ether is "losing out." The time is soon coming when most of the major surgery of the world will be done under a "mixed anesthesia," i. e., one or two injections of hyoscine and morphine followed by either a local anesthetic or a minimum quantity of chloroform or ether. Certainly this form of anesthesia now affords the maximum amount of analgesia with the minimum amount of danger.

Spinal anesthesia is earnestly advocated by Dr. Wayne Babcock (who, by the way, had the greatest number of cases and the most diversified character of morbid conditions of any surgeon who held clinics during the congress), but he precedes the injection of stovaine into the spinal canal by injecting two doses of the hyoscine-morphine combination, two and one hours prior to operation, just as I have long advocated for H-M-C anesthesia. By the combined method he certainly obtains a most perfect anesthesia; and he claims the secondary results are entirely satisfactory.

Anesthesia for Chest Operation

A most instructive demonstration was given, in Le Conte's clinic, of the Elsberg instrument for administration of ether by tracheal insufflation, with admixture of enough air under pressure by bellows (or motor) exactly to counteract atmospheric pressure. The inventor came over from New York to give the anesthetic to three patients upon each of whom Le Conte was to open the thorax. The apparatus is comparatively simple and will soon be made portable and cheap. The patient is anesthetized in the usual way; then the head is thrown back and an electrical laryngoscope inserted; with the orifice of the trachea well exposed, a silk catheter is introduced into the trachea and attached to the rubber tubing through which the ether and pressure-air are to be introduced; then by means of a stop-cock the amount of ether administered is regulated by the effect desired. By the bellows or motor the pressure on the mercury-manometer is kept somewhere near 20. Under this pressure the chest may be opened and the lung treated without fear of collapse during the most prolonged manipulation. If at the end of operation air be excluded by the dressings there is no danger of secondary collapse before adhesions form. It certainly marks a great step in advance in the surgery of the chest.

Surgery of Lung-Tuberculosis

With this apparatus at work, unilateral cavities of the lung may be cured readily by operative treatment. In the worst cases the parietal pleura may be sewed to the visceral through an extensive resection of the chest-wall; after adhesions have formed the cavity may be opened, drained, and permitted to collapse and heal by adhesion of two granulating surfaces.

In one of the cases operated upon by Le Conte, he simply removed about all of the first rib, two inches of the second, three of the third, four of the fourth, and three of the fifth, between the scapula and the vertebræ—where the greatest amount of the upper ribs can be excised—and allowed collapse of the upper part of the lung without opening the pleura at all. He claimed that this permits the apical cavity to collapse and healing to occur just as well as the more radical transpleural method; at least in the less serious cases this method of surgical treatment has proven far more curative than any form of internal medication, food, etc. It certainly promises much, judging from present indications.

Scarlet-Red

In the Philadelphia hospitals scarlet-red is being used extensively in the treatment of granulating wounds. Under its peculiarly stimulating influence wounds which have been slow to heal close up with surprising rapidity—the zone of "skin formation" (epidermization) increasing so swiftly as to be almost beyond belief. It is, it appears, particularly useful in the treatment of extensive burns. It renders skin grafting wholly unnecessary in a class of cases in which heretofore the Thiersch-graft has been considered as the only possible means of closing a large area of granulation-tissue showing little tendency to cicatrize. In my own work it has proven

useful in postoperative work (as in removal of a huge cancer of the neck, a large carcinoma of the breast, etc.), but it has thus far disappointed me in the treatment of chronic ulcers of the leg, though in one extremely bad case which I treated by the Schede operation it seemed to materially hasten closure of the ulcers which had been curetted at the time of ligation of the veins.

It is used in 8-percent ointment. It is not to be smeared upon the raw surface, but is spread upon gauze in such manner as to cover only the edge of new skin and a half-inch of granulation-tissue. It is applied every other day. No fluid of any kind is applied to the wound, nor is pus wiped away; it is simply allowed to ooze through the single piece of gauze to which the ointment has been applied and is from thence taken away on cotton. The greatest care is taken not to disturb the granulation-tissue in any other way, surgeons having now learned that the less a suppurating surface is disturbed the quicker will be the healing.

Laminectomy for Pain

One of the most interesting things, to me, was an operation for the relief of pain from an inoperable cancer of the breast. Morphine had ceased giving comfort, and was causing great gastric and intestinal disturbance. The laminæ of the seventh cervical and first to fifth dorsal vertebræ were removed with rongeur forceps and the dura opened. This exposed the roots of all of the spinal nerves going to the affected areas. Both anterior and posterior roots were divided, the slit in the dura carefully closed with fine silk and the external wound sutured without drainage. There was perfect relief from the excruciating pain, and probably this will continue until the end comes.

Silk Sutures

It will be noted that silk was used for closing the dura. Silk is used in Philadelphia, as suture material, to an undreamed-of extent. I saw more silk used for ligatures and buried sutures during the two weeks I was in that city than I have seen, altogether, in the work of all the men I have watched during at least twenty years. It certainly is one indication of non-progressiveness. I asked one man why he used silk instead of catgut. His reply was: "What was good enough for Joe Price is good enough for me." I didn't enquire, but I presume he would apply the old serre-nœud to the stump in making an abdominal hysterectomy—just because Price did it. I heard of one man's doing this there. In some of the clinics catgut has totally superseded every other type of suture-material, even for skin-closure.

They have, however, gone mad on "no knots in the wound." In closure of the abdominal incision, for example, the common practice in many of the clinics is to sew the peritoneum by continuous suture, bring the thread up through the lower angle of the wound, close the sheath of the rectus in the same way, carry the needle through the skin and sew up the skin by the same strand with which closure was begun, only two knots being thus formed: one at the point of beginning in the peritoneum, the other in the skin. Montgomery said, in answer to a question, that he has never had a wound pull apart since adopting this course; and that the reason for not tying at the end of each layer is the fear of infection around the knot in the catgut. Certainly, with his perfect aseptic technic there should be little danger of that.

Careless Technic

It is easy to understand, however, how the objection would be a valid one in the work of some of the Philadelphians; for of all carelessness I ever saw, anywhere, that of some of the "surgeons" in the "city of brotherly love" certainly outclassed everybody everywhere. Thus, one day, in two different hospitals I saw two cases of abscess of the gall-bladder opened and wiped out with only a single layer of gauze around the pus-infected organ—no protective barrier of towels, gauze-pack or anything else. Moreover, one of the operators had his fingers inside the abscess searching for hidden stones and then put the same fingers down along the common

duct and (he said) into the foramen of Winslow without stopping to clean them. Perhaps the excitement of a clinic before such a distinguished audience made him forgetful of the aseptic technic; but it did appear that quite a number of the operators save their patients by good drainage and the grace of God. These dirty operators, for the most part, are the ones who still employ silk for ligatures and sutures.

Absence of Drainage

A conspicuous feature of the work of the clean operators of Philadelphia is the careful hemostasis. Nowhere else in the world have I seen such painstaking arrest of all oozing before closure of wounds. As a result of this, wounds which elsewhere are drained for a day or two are closed without provision for wound seepage. Even after such an extensive operation as excision of the breast and axillary contents or removal of the thyroid drainage is not provided by several of the most prominent surgeons of Philadelphia; and infection is said to be far less frequent, as a result of this management.

Cancer of the Breast

Operators in Philadelphia are going much further than even Halsted advises in excision of the breast for cancer. Rodman, especially, lays stress upon the necessity of making the dissection include a considerable part of the upper part of the recti abdominales (the external incision being carried almost to the umbilicus), the theory being that extirpation of the chain of lymphatics which perforates into the space just below the ensiform is essential in order to insure safety against metastasis in the liver. The eventual mortality is said to be less when this procedure is adopted. It is a formidable looking wound at the end of dissection.

Fetus Juice for Cancer

In only one clinic was mention made of the new treatment of cancer by means of subcutaneous injection of emulsion of human fetuses. Human embryos of from a few weeks' to three or four months' development are bruised and made into an emulsion, and this is injected in large amounts into the cancer-patients. Astonishing results are being claimed, especially in Italy; and in one clinic in Philadelphia it is being tried in inoperable cases, but it is still too early to report favorably or otherwise. If the Cohnheim theory of cancer be accepted it is the logical treatment.

There are hundreds of other things I should like to speak about, things seen or suggested by this great meeting of nearly 2000 of the greatest surgeons of the world. But I may not. All I can say in conclusion is to advise every doctor who wants to keep strictly up to date in matters surgical and gynecological to attend the third Congress, which will be held in New York in November, 1912.

A week spent thus will be worth to you many times the expenditure of time and money. In fact, this "Congress" has in two years become *the greatest thing in the surgical world.*

DO not try to be an opportunist; try to be theoretic at all the opportunities; fate can be trusted to do all the opportunist part of it. Do not try to bend, any more than the trees try to bend. Try to grow straight and life will bend you.—Gilbert K. Chesterton.

The Rational Treatment of Gonorrheal Urethritis

By BENJAMIN H. BREAKSTONE, B. S., M. D., Chicago, Illinois

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HOW best to treat acute gonorrheal urethritis is something which cannot be too much discussed. There is no disease which is so empirically, irrationally treated, and with so little regard to the actual pathologic and anatomic changes. Before going into the treatment proper, I deem it both necessary and advisable to make the following prefatorial remarks:

1. The urethra is not a canal, but a channel; and in the male it is nearly nine inches long, and lined throughout with mucous membrane.

2. In this mucous membrane, there are a number of glands (glands of Littré), pockets or crypts (crypts of Morgagni), and lacunæ. One of the latter, the lacuna magna, is situated in the floor of the urethra about an inch from the meatus, and allows the introduction of a small sound. It will be seen by the accompanying cut that these glands and pockets are tortuous; that those near the meatus open out toward the meatus, while those near the bladder open out toward that organ. The mucous membrane of the urethra is continuous with the mucous membrane lining all the remainder of the urinary tract.

3. The function of the urethra is twofold, (1) urinary, and (2) sexual.

4. The muscular coat of the urethra is so constructed as to force bodies from within outward. This can very well be demonstrated by introducing a sound weighing half a pound through the urethra into the bladder; if the sound is not so large that the urethra hugs it very tightly it will be expelled from the urethra by the action of this muscular coat.

A few remarks, here, as to the pathology will not be out of place. With the preceding four facts as our premises, we can now proceed.

Acute gonorrheal urethritis is a true inflammation of the mucous membrane lining the urethra and the continuous structures named. The mucous membrane becomes swollen, red, and secretes an abundance of pus, which contains the gonococcus, the bacterial cause of this disease. This disease is a more serious one than it is usually supposed to be, and this is a fact which the public should be taught to appreciate. The gynecologists of this country could hardly make a living were it not for so many uncured, or so-called "cured," cases of gonorrhea. The first step is, of course, a correct diagnosis, which should always, if possible, be made with the microscope.

Prophylaxis

We cannot prevent gonorrhea, except by regulating prostitution, and in this and other ways doing away with gonorrhea. The gonococcus is one of the few germs capable of attacking the intact normal mucous membrane. Theoretically, it might be possible to prevent gonorrhea by the constant internal use of reliable urinary antiseptics, such as hexamethylentetramin (urotropin). I wish to emphasize now, that gonorrhea, to begin with, is a purely local inflammation, and that, if it is not tampered with by injections, it will be a self-limited disease.

Scientifically, we must regard acute urethritic gonorrhea as a large, ragged, lacerated, secreting wound, with many recesses, fissures, and pockets full of pus. If we were to treat such a wound surgically, we should sponge it centrally; that is, from these recesses to the center of the wound, so as to avoid breaking the wall of

hyperemic infiltration, thus avoiding general infection, or septicemia. Surely, every surgeon will agree that this is the proper way to treat such a wound; he will also agree that it is much better to leave such a wound alone rather than to sponge from the center *into* these recesses, breaking the wall which nature builds around this area of infection to keep the disease local and prevent its spreading into the general system.

However, most of the methods of treatment advised in the textbooks go exactly counter to this surgical principle. If you will read again the first four points I have made, you will see that the urethra with its crypts, lucanæ and glands, when affected with gonorrheal inflammation, becomes a wound such as I have described. Yet we use strong, irritating injections or irrigations and by them force the inflammation, both mechanically and chemically, through the walls of the mucous membrane into the surrounding tissues, and in this way produce a gonococcal septicemia.

When we do not use local means of treatment in acute gonorrhea, we never have a single complication.

The treatment of gonorrhea, therefore, resolves itself into measures which will prevent complications rather than the treatment of the disease itself. Indeed, if you take a patient from the beginning of an acute gonorrhea and put him to bed, away from all excitement, and feed him on bread and water, in two weeks he will get well without any complication whatsoever.

Rest the First Essential

The first principle in the treatment of gonorrhea is, as in all inflammations, REST. By "rest," in this case, we mean both sexual and urinary rest. Of course, it is impossible to get urinary rest, so we must be content to limit our efforts in this regard to sexual rest (although we may minimize urinary irritation); and so I instruct my patient to avoid any erotic influences, to sleep in a cool room on a rather hard mattress, and always to lie on his side. Sometimes it becomes necessary for me to instruct him to tie a towel around his waist, with a knot at his spine, so that it will be impossible for him to sleep on his back with any degree of comfort.

The measures named nearly always are sufficient to procure sexual rest. However, in obstinate cases (and I wish to emphasize here, that in some cases the sexual passion is increased in gonorrhea), to avoid chordee, I prescribe, in addition to the measures I have already mentioned, a capsule made up of 2 grains of powdered camphor and one of powdered opium, to be taken on retiring. This dose should be repeated in case any tendency to chordee develops during the night. The patient should always be instructed to empty his bladder before retiring.

Medicinal Measures

The next step in the treatment is to lessen the acidity of the urine, and thus avoid any further local irritation. This is best done by a mixture of the following composition: Copaiba, drs. 6; liquor of potassa, drs. 2; camphor water, oz. 1. Label: A teaspoonful, followed by two glasses of water, three times a day, after meals.

Diuretics.—The best diuretic is water, and this is the only one that I ever use. I instruct my patient to drink from eighteen to twenty glasses of water a day. This dilutes the urine and renders it less acid.

Antiseptics.—The only urinary antiseptic that I use is hexamethylenamine. It can be demonstrated that formaldehyde is found in the urine within half an hour after taking this drug. Hexamethylenamine has no effect on the gonococcus, but it keeps the urine aseptic and prevents a mixed infection.

Urinary Sedatives.—The only remedy of this nature I use is the time-honored copaiba, as shown in the prescription just given. This drug has been used for this disease for more than five hundred years. and we still go back to it today. At the Vienna Allgemeines Krankenhaus, which has the largest venereal clinic in the world, the attending physicians prescribe copaiba exclusively. They have printed prescriptions ready to hand out to their patients.

There are cases, it is true, in which copaiba produces a bad effect on the stomach. In such, I substitute cubebs or buchu, or I just give potassium acetate with no other urinary sedative. On the whole, the bad effect that copaiba has on the stomach is rather a good thing in most patients, since this will decrease the appetite and therefore limit the amount of food eaten. It must also be remembered that in a few instances copaiba will produce a rash, which quickly subsides on the withdrawal of the drug.

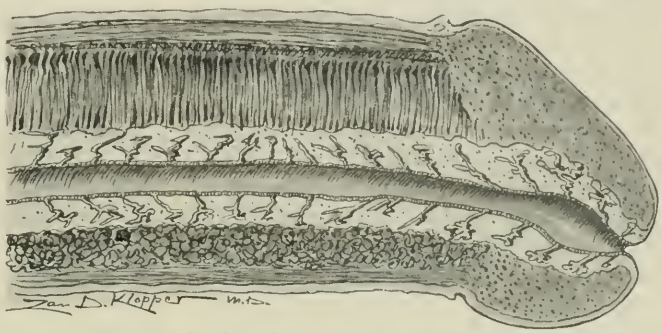
It is very important to instruct a patient as to diet. All stimulating things must be prohibited. Anything that will increase the acidity of the urine, such as meats and other nitrogenous food, should be very strictly limited. Spices, tea, and coffee should be allowed in but very small quantities. Vegetables, milk, and such like bland foods may be taken in abundance. Overfeeding should be carefully avoided, as in this, the same as in any other infection, we should be careful not to introduce more food than is necessary. In this way it is in our power to limit the local congestion. Above all, everything containing even the smallest quantity of alcohol must be absolutely prohibited. Lemonade, soda-water, pop, ginger ale, and all carbonated waters may be allowed in abundance.

The Prevention of Complications

To prevent complications is by far the most important part of the treatment, and is altogether too little emphasized. The complications and sequelæ of gonorrhea enrich the quack, while producing all the misery that most young men, besides the many young married women, are subject to.

Conjunctivitis.—This condition can be prevented by carefully instructing the patient about letting his hand or anything soiled with the secretions come in contact with the eyes. It is not my purpose here to say anything about the treatment of the complications of gonorrhea, as that would require too much space.

Orchitis and epididymitis are prevented by having the patient wear an "athletic supporter." I instruct all my male patients, from the very first time I see them, to wear such a supporter. The average suspensory bandage is absolutely useless, as regards support of the organ. The penis no less than the scrotum should be supported, and the average supporter does not do either. We must also, in this connection, teach our patients that the proper way to keep the penis is upward against the abdomen. In that position, circulation is more free and drainage better established. I have yet to see the first case of epididymitis or orchitis in a patient who came to me right from the start, and was treated in this way.



The histologic structure of the urethra

Stricture.—As I refrain from any local treatment, stricture is an unknown complication when patients are treated by me from beginning to the end.

By cleanliness, we can prevent *balanitis, posthitis,* and so on. I always order sterile gauze for my patients, which I instruct them to cut up in pieces about 18 inches long and 3 to 4 inches wide. They wrap this around the penis, changing it after each urination. For this purpose the patient may purchase a 4-inch gauze roller-bandage, which he may carry in his pocket and tear off a length as often as required. Cotton, as most patients use it, acts like a sponge. It is necessary to use this gauze, for without it the secretion gets on the underclothes, dries, and then, when the patient is almost well, he is reinfected from this dried-up secretion.

A patient with genuine gonorrhea cannot recover in less than three or four weeks. I adopt the treatment so far outlined in all of my acute cases, whether in the increasing, stationary or declining stage; and in fully 90 percent of the cases this is all the treatment that is required. However, if they do not get well within five or six weeks, then the case is a chronic one and requires local treatment.

Chronic gonorrhea, however, must be treated like chronic inflammation of any other mucous membrane; that is, we must remove the cause. If it is due to rheumatism, a dry climate will produce a cure; if to anemia, iron is the remedy; if to tuberculosis, that must be treated. If syphilis, however, the trouble is due to local atony of the mucous membrane; then slightly astringent injections are in order.

The Local Treatment

A great deal has been written on the subject of local treatment. For instance, an entire book has been written on the irrigation-treatment. But if we bear in mind the fact that the function of the muscular coat of the urethra is to force things outward, you can readily see the strain that the urethra undergoes when things are forced into it, especially when we use chemicals which cause the epithelium to be exfoliated. In order for nature to cure, the epithelium must be kept intact.

In the early stage of acute gonorrhea, the entire trouble is in the anterior portion of the urethra. If we introduce anything into the urethra from without, we are bound to force the gonococci backward, and a posterior urethritis results. In other words, it is equivalent to sponging that ragged wound with so many recesses from the center into these recesses (crypts and lacunæ), and although we may get a temporary stoppage of the secretion, the disease is by no means cured. When I employed the local treatment the percentage of relapses was great.

If we are to use local treatment at all, it would be feasible to use an instrument that would irrigate from within outward. We can help nature do this by diuretics. There is an instrument called a retrojector, which, attached to a syringe, is introduced into the urethra, and which irrigates the urethra from within outwards. This is the best way to use local treatment; nevertheless, even here, as we introduce the instrument, we force a certain number of bacteria back into the urethral recesses.

The Use of Injections

The only local treatment that I use in my practice is by injection. As before stated, injections are only necessary in cases that become chronic from the causes before enumerated; and in cases such as chronic rhinitis, chronic pharyngitis, and chronic inflammations of all mucous membranes a slightly astringent application is necessary to tone up the mucous membrane, which has lost its tonicity either as a result of the chronic inflammation or more probably because of a predisposing underlying condition of the general system.

An injection, to be of any service at all, must be such as to dilate the entire urethral canal, from end to end, enough to open the crypts and pockets so that the solution can wash away any secretion that is contained therein. Unless an injection does this, it is positively harmful.

Strong injections do more harm than good, especially if an insufficient quantity of the solution is used at each injection. The substance used being strongly astringent closes the mouths of the glands, crypts and pockets and thus a great deal of the gonorrheal discharge remains encapsulated within, ready to discharge again when the mucous membrane again loses its tonicity, thus opening the mouth of that crypt or pocket. Thus it is readily seen how relapses frequently occur after the use of strong injections.

Strong injections do not cure at all, but simply hide the disease in these pockets, or crypts; besides, they irritate the mucous lining of the urethra, causing the epithelial cells to become exfoliated, and, in the process of healing, a scar is produced which forms a stricture. Indeed, in the acute stage of gonorrhea it does not even take a "strong" solution to bring on a stricture; for the function of the urethra is to expel

foreign substances outward, and the urethra being in a condition of acute hyperemia, with chordee probably also present, the forcing of any substance into the urethra causes a straining of the muscular wall of the urethra, thus rupturing some of the minute vascular spaces as well as injuring the mucous membrane; and either of these conditions, during the process of healing, will cause stricture.

Gleet, which is also known as chronic gonorrhea, is a direct result of such treatment in 95 percent of all cases.

The injection solution I prescribe is composed as follows: Zinc sulphate, grs. 10; atropine sulphate, grs. 8; morphine sulphate, grs. 12; hydrastin, grs. 8; distilled water, ozs. 8. Label: Use locally as directed.

Precautions in the Use of Injections

The following points must be observed in the use of injections:

1. The best syringe to use is one made of glass, and is enclosed in a container, usually made of wood. This insures cleanliness while in the patient's pocket. The syringe holds at least 1-2 ounce. The nozzle of the instrument must be blunt.

2. The solution must be contained in a wide-mouthed bottle, so that the syringe can be inserted into it, so that, when the patient draws up the fluid, the syringe is cleaned at the same time.

3. The method of using is very important and I instruct my patients very carefully. They draw up a syringeful of fluid, then introduce the point of the syringe into the meatus with the right hand while they hold the meatus closed over the point of the syringe with the left hand. Then, with gentle pressure, they expel the fluid into the urethra. If the patient finds that this full half ounce goes in without any trouble, then, while he holds the meatus closed with the thumb and index-finger of the left hand, he takes up another syringeful with his right hand, and again expels as much of the contents as possible into the urethra. Then for a few minutes he holds the meatus closed with his left hand while he massages the floor of the urethra with the index-finger of his right hand, from behind forward. If any bacteria are forced back, they are washed out with this solution, as the solution balloons out the entire urethra. including its pockets, glands, and other openings.

There is absolutely no danger of forcing any fluid into the bladder, for the reason that the bladder is well guarded from the introduction into it, of fluids or air, by a valve. This valve, however, can only be pushed aside by a mechanical instrument, such as a sound.

Before a patient is discharged, whether for acute or chronic gonorrhea, after the discharge has ceased for two weeks, the beer-test is applied, that is, the patient is instructed to drink a liter of beer daily for two or three days. If in the next day or two there is no discharge, he is then examined, the prostate gland is milked, and the secretion examined for gonococci, a smear being also made from the meatus and examined for gonococci. If in these no germs are found, the patient is discharged as cured.

Opinion Based Upon Clinical Experience

To conclude, I wish to emphasize my opinion that in the past more harm has been done in the treatment of gonorrhea than in any other disease, and that this harm was due to treating it locally, without any regard to its pathology. I have conducted venereal clinics for the past fourteen years. I have heard a great deal about patients having to be treated for months from the ill treatment of gonorrhea. But in my clinics only very rarely a case became chronic, and such cases were always found (where local treatment had not been used) due to an underlying predisposing systemic disease; and these were cured by change of climate, and by remedies applied for the intercurrent disease.

In my clinics we have had to do with the ignorant and careless, and since the time when a similar paper was contributed by me to *The Chicago Medical Recorder* for September, 1907, I have paid especial attention to the percentage of these cases which became chronic; and upon consulting the records, I find that even among these careless and ignorant people it is less

than 4 percent. I have also tried since that time to treat these patients merely with sodium carbonate or potassium acetate, given internally, and I find that I get nearly as good results as I did with the copaiba mixture. Recently, before the Chicago Medical Society, a paper was read by Dr. W. T. Belfield, under the caption, "A Rational and Efficient Treatment of Acute Gonorrheal Urethritis," and I agree with the author that any local treatment is neither rational nor efficient (see *Illinois Medical Journal*, May, 1911), as will be found by following up the cases after they are discharged by the physician.

In many armies the only treatment given for gonorrhea is to put the patient to bed and feed him on bread and water and milk, and it is found that the patients get will without any medication whatever. This method can only be carried out where you have absolute control over the patient. In private practice, however, it is impossible to do this, as society is too "modest" to recognize the existence of gonorrhea as a disease, and therefore no steps are taken to limit its spread as is done with other infections and contagious diseases. At the present time, on account of the fact that this disease must remain a secret between the patient and doctor, we cannot treat him as they do in the army. Furthermore, the disease is so prevalent in the large towns that, if we should attempt to put our patients to bed, I fear there would be no one to run our streetcars, barbershops, and so forth, and commerce would be paralyzed.

If this paper will do anything toward lessening the promiscuous and indiscriminate use of local treatment of any kind in the treatment of acute gonorrheal urethritis, I shall consider myself amply rewarded.

Arsenic—The Multipotent Drug

By RALPH ST. J. PERRY, M. D., Parkers Prairie, Minnesota

EDITORIAL NOTE.—Every reader of CLINICAL MEDICINE *will be pleased to learn that we are promised a number of articles from Dr. Perry's pen, during 1912, most of them dealing with therapeutic subjects. With this one as a sample we shall all of us beg for "more."*

ARSENIC is one of the few drugs in use today which has a history running so far back into antiquity that the knowledge of man has no exact data concerning its first use. The Romans and Greeks used it constantly and were fully aware of its potency, as is attested by the fact that they named it "arsenicum", from the Greek word *arsen*, meaning strong. The Arabic alchemists used it under the name "realgar", and the ancient Hindoos knew it as "sindura." As a drug for the treatment of disease, as a pigment in the arts, and as a homicidal factor in political affairs, it has enjoyed a wide and diversified field of utility up to "the moment of going to press."

How Does Arsenic Act?

What particularly interests the medical fraternity is the good it can do for our patients and its *modus operandi*. How is it absorbed by the body; what becomes of it in the body; upon what organs and how does it act; how long will its effects last; and how is it eliminated? What form is best suited for certain diseased conditions? How is that form best administered, and in what doses? These are some of the questions for which answers are wanted.

Arsenic when ingested in medicinal doses is absorbed chiefly in the stomach; some, which escapes from the stomach with the food, is taken up in the duodenum; and only an infinitesimal part is absorbed in the intestines. When injected hypodermatically, when applied to the broken skin or mucous-membrane surface in greatly diluted form, or when inhaled as a sublimed vapor it is readily absorbed by the blood. Administered intravenously it immediately mingles with the blood current and becomes

a part of that fluid. Rarely it has been given in enemas.

The Elimination of Arsenic

Once absorbed by the blood, the drug seems to be deposited chiefly in the thyroid gland, the cerebral tissues and the appendages of the skin. Its elimination, apparently, is effected through all of the body-secretions, it having been detected in the urine, bile, perspiration, saliva, milk and tears.

The urine seems to be the quickest means of elimination in cases of therapeutic administration, while under normal life-conditions the chief elimination takes place through the hair and epidermis, equally in both sexes prior to puberty, then augmented by the beard in adult males and by the menstrual flow in women. Menstrual blood contains six times as much arsenic as normal blood, and this excess is looked upon as nature's method of balancing the elimination by the beard in men.

Why It May Be Called "Multipotent"

Metallic arsenic has no therapeutic uses, but many of the arsenides and various salts of arsenic, arsenous and cacodylic acids, have acquired enviable eminence as alteratives, antiseptics, antispasmodics, antiperiodics, caustics, cholagogs, depilatories, hematinics, sedatives and tonics; also, as correctives to control untoward skin symptoms following the administration of bromides, salicylates, iodides, etc. With such diverse and manifold actions at command, considering in how many pathological conditions arsenic has "made good," do you wonder that I have had the temerity to denominate this drug "the multipotent"?

Undoubtedly the most commonly used form of arsenic is the trioxide (known as white arsenic, arsenous acid and arsenous oxide), and it is presented for use in the form of a white powder, as liquor acidi arsenosi; also as the homeopathic trituration, arsenicum album, varying in strength from the 3x (or 1:1000) up to the infinitesimal. The powder is frequently used in pill formulæ and extemporaneous capsule prescriptions, where it is combined with other drugs. The liquor, or solution, is very seldom used, having been supplanted by the more palatable and elegant liquor potassi arsenitis, or Fowler's solution. The trituration is much in vogue with physicians who desire to give arsenic *solo*, in a palatable and quickly assimilable form.

Different Preparations of Arsenic

Our books on chemistry describe some sixty-odd preparations of arsenic, most of which have at some time or other been tried out therapeutically, and of which probably twenty are now in active service. Following the trioxide, the salts most commonly used are copper arsenite, iron arsenate, quinine arsenate, potassium arsenite, sodium arsenate, strychnine arsenate, and more recently the cacodylates of sodium and of mercury. The bromide and iodide, and one or two of the organic compounds, have also enjoyed some considerable degree of popularity. It is a peculiar thing that, with a very few exceptions, the arsenical salts contain only one molecule of arsenic, the variations in therapeutic use and activity being due to the other elements entering into the combinations.

Value of Arsenic in Troubles of the Digestive Tract

In inflammatory diseases of the digestive tract arsenic has proved especially efficacious. Acute gastritis and gastralgia have quickly yielded to apparently infinitesimal doses of arsenous acid. In the more chronic forms, where ulcer or cancer has developed, my experience has not been so satisfactory.

In diarrheal conditions arsenic "shines." In those cases where there is a watery, mucous and bloody stool; with soreness and excoriation of the anus; with symptoms of collapse or extreme exhaustion; great thirst; the discharges having a very foul smell and the "stirred egg" appearance; give arsenic, either the Fowler's solution or the trituration, in very small doses and frequently repeated.

Cholera infantum, cholera morbus and Asiatic cholera have been cured thousands of times by the administration of arsenic. In the diarrheas of the aged one of the most

efficient remedies I ever used was the arsenite of copper. Some twenty years ago the arsenite of copper was so enthusiastically advocated by Dr. John Aulde that many believed him to be the discoverer of its therapeutic virtues. But this is not to be, as copper arsenite was fully studied and all of the Aulde data published long before Aulde became an independent entity in this world.

In dyspepsia and indigestion, which are usually due to catarrhal conditions, with waterbrash and belching of sour gas, Fowler's solution has often performed wonders. Also, in the "nervous" dyspepsia of the hypochondriacs and hysterics excellent results have followed its use. Doubtless part of its success in such cases can be attributed to the quieting effects upon the nervous system. Arsenic has been highly recommended in gastric cancer and chronic hematemesis, but no seeming benefit has followed its use in cases treated by me.

Arsenic Favorably Influences Respiratory Diseases

Diseases of the respiratory organs seem to be favorably influenced by the arsenicals. In chronic bronchitis, where there is dyspnea, debility, more or less emaciation, a dry, wheezy cough and scanty expectoration, give arsenic. In the bronchopneumonia of the aged, where there are loud râles and a feeble heart, give antimony arsenate, in 1-100-grain doses every two hours. In asthma, arsenic is useless in relieving an acute attack; it should be given persistently *between the attacks*. It is especially indicated in those cases where the attacks are unusually severe, with loud wheezing, with apparent suffocation, accompanied by lividity of face, cold sweats, frequent and small pulse, and followed by a period of great prostration. In the pneumonias of old folk I have found the arsenate of antimony of value, while in younger adults the arsenate of quinine has been one of my favorites.

In that form of tuberculosis known as "galloping consumption" some measure of relief may be obtained from arsenic iodide, though its use is no more satisfactory than that of other remedies in this rapid form of the disease. In the slower, chronic type of phthisis the iodide is a most important factor in the treatment of the incipient cases, especially when there is rapid loss of weight, fever, cough, dyspnea, mucopurulent expectoration, prostration and diarrhea. In the more advanced cases the trioxide or the quinine salt are efficient in cases where there is anxiety and restlessness. The copper salt is excellent at all times to correct the diarrhea. For the digestive disturbances you can use the trioxide, iron arsenate or strychnine arsenate.

Some years ago, when it was recognized that much of the good in many antituberculous remedies was due to the arsenic and phosphorus they contained, I persuaded myself to believe that a compound of these two drugs, or the phosphide of arsenic, would prove a panacea for tuberculous ills. I tried out the remedy in a number of cases with most *in*glorious results. The T. B.'s went right on tubercleing just the same as in days of yore, and I soon abandoned the remedy as not so good as some others.

Not Always a "Panacea" for Chorea

In my student days one of my professors asserted that arsenic was the one great, grand and glorious remedy for chorea; but while my own experience has shown me some very nice cures of this affliction, I long ago learned to sprinkle salt on my professor's assertion, for I have seen those who continued to twitch and dance in spite of the arsenic. Still I would not discourage the therapeutic neophyte, for many cases have been cured by arsenic that never yielded to other remedies.

Quinine Arsenate Cures Malaria—A Personal Experience

In certain nervous conditions of old people, possibly due to senile degenerations, or possibly kidney factors, such as melancholia, aphasia, hypochondria, dementia, etc., arsenic has proved beneficial. In neuralgias, and in all aches and pains due to malarial causes, the arsenicals are most powerful adjuvants to any form of treatment, and the arsenate of quinine is a whole host in itself. Yes, I know the Powers

That Be have pronounced against quinine arsenate, but you all know there are several authorities on "pronunciation." Let me expound.

Some twenty-five years ago my malaria-saturated and partially moribund corporosity was meandering around western central Africa. I was canoed down rivers and out to a steamer and carried up to Europe. In France the Faculty drugged me, and in Germany the Bund or Gesellschaft dosed me. Later I landed in New York and was assimilated by a hospital. Presumably in France and Germany and America I was treated by the best authorities. I was a pathological novelty, the subject of much curious study and many clinical lectures; hence the above presumption. But my malaria failed to leave me. Periodically I would physically agitate in a way that beat the old-time Wabash chills and fever "all holler"!

One day one of my friends, "an unprincipled, irregular homeopathic quack," etc., etc., stated that he could cure me, that he could do for me what the great and shining medical lights of Europe and America had failed to do. Everybody else had had a chance during the previous eight months, and failed, so I told him to get busy.

He gave me a few sugar powders, slightly bitter, and from that day to this, more than nine thousand of them, I have "never shook." After it was all over, my friend told me he had given me china ars. 3x, which, interpreted, means arsenate of quinine in 1-1000-grain doses. So, dearly beloved reader, the laboratory authorities, and all those who live in nonmalarious climates can pronounce against quinine arsenate as loudly as they please, but I am going to stand up for it until Gehenna congeals.

Quinine Arsenate Saves Life—Why?

My personal experience with quinine arsenate led me to break the news to others who were or were about to become malaria-soaked. Thousands of pounds of tablets and granules have gone to Africa and Brazil, and hundreds of useful lives have been saved where formerly it was the custom to tuck the poor lifeless missionary under a palm sprout and write home to sorrowing friends of one more noble sacrifice. Today this noble remedy and prophylactic has displaced the noble sacrifice.

Some years ago it was demonstrated in the laboratory that the antimalarial effect of the arsenic in the quinine salt which we used in the Niger and Congo basins, and in the atoxyl which was used in the Gordon Memorial at Khartoum, in the Nile country, was not due to a direct effect upon the malaria parasites, but rather to a "stimulation of phagocytes," thereby bringing about an elimination of the invading hematozoons. But whatever its *modus operandi*, it has been demonstrated in practice that the malarial parasite ceases its activity more quickly and certainly when arsenic is administered than when it is not.

Some years ago Dr. Reginald Leach, now of Paris, Tex., conceived the idea of using arsenic as a prophylactic against yellow-fever. After overcoming much antagonism, he succeeded in having his theory tried out in Brazil and in other yellow-fever countries in the tropics, and it "made good." In the recent New Orleans epidemic it was given a trial, and while condemned by some, there is no doubt but that much good was accomplished and many lives were saved. Had Dr. Leach been accorded the courtesies he was entitled to from certain medical authorities, the amount of good he did might have been greater.

Its Use and Limitations in Dermatology

In medical circles and among certain of the laity, arsenic is known as a remedy for skin diseases, a reputation which has led to its indiscriminate use by men who lacked knowledge of the differentiation of remedies; and as is usual in all such cases, many failures resulted and there was much condemnation of arsenic. Arsenic while multipotent is not omnipotent, and in the field of dermatology we are willing to admit there are diseases which arsenic cannot master.

Skin diseases may be divided into three classes: the syphilitic, the eczemas, and the others, the first two including about ninety-five percent of all cases. In the

syphilides arsenic iodide, arsenic bromide and the cacodylate of sodium have been long used with most satisfactory results. In the eczemas, which form the vast bulk of the cases coming to the general practitioner, arsenic is useless, even an aggravation, except in those old chronic cases of papular or squamous forms and in recurrent vesicular types involving the fingers. Arsenic should not be given in acute eczema nor in any case where much inflammation exists.

The chief dermic indications for arsenic are dryness of the skin with papular or scaly eruptions. Lichen, prurigo, acne, psoriasis, pityriasis and exfoliative dermatitis have all been materially benefited and cured by a course of arsenical medication. Erysipelas and gangrene have also been helped along to a favorable termination, though it is more than likely that the benefit was more due to the constitutional effect as a tonic than to any direct effect upon the germs in the lesions.

The Story of Two Dermatologists

The dose in any skin disease should be very small. Some years ago a New York "homeopathic" dermatologist lost a patient to an "allopathic" dermatologist, who cured him. The "homeopathic" dermatologist heard of the cure, and, as he had labored months with the case without effect, had a curiosity to know how the cure had been effected. Being on friendly terms with the "allopathic" dermatologist he sought him out.

"You cured my former patient, Mr. —?"

"Yes, sir."

"What with?"

"Arsenic."

"Arsenic! Why I gave that fellow arsenic for weeks."

"That so? How big a dose?"

"I gave him the 3x" (1-1000 grain).

"You gave him too much," said the "allopathic" dermatologist, "I gave him the 6x (1-1,000,000) and cured him!"

And the joke was on the "homeo," at whose expense they irrigated around the corner.

Arsenic may give rise to a skin eruption. Most often it is urticarial in nature, though it may be erythematous, papular or vesicular. Pigmentation may follow its long-continued use. Also arsenic may be used to prevent the eruptions which frequently follow the use of the iodides, bromides, salicylates, and other eruptive ides and ates.

Arsenic in Syphilis

In the treatment of syphilis arsenic is just coming into its own. For years it has been used in a desultory sort of a way in connection with other drugs, and has generally given good satisfaction along the lines for which it was used, principally the controlling of skin symptoms. But more recently the cacodylate of sodium has been used directly against the syphilitic infecting germ.

It has been known for some time that the milk of syphilitic mothers has a curative influence upon the syphilis in the nursing child—a phenomenon which has been attributed to the arsenic in the milk. It has been contended that the proportion of arsenic is too infinitesimal to be worthy of consideration as an antisyphilitic factor. I have never heard it contended that the original syphilitic infecting virus is very considerable in quantity. True, it multiplies after being absorbed by the blood, and true also, the dose of lacteal arsenical is frequently repeated over quite a considerable period of time. Nature has long since acquired the habit of recognizing force or power in infinitesimal quantities even if some mortals have not.

Salvarsan, atoxyl and the cacodylate of sodium are at present the arsenicals which are being used in our latest antisyphilitic campaign, with salvarsan the most effectually advertised, if not the most effectual therapeutically. Those venerealists who have been wedded to mercury as the "sheet-anchor" of the treatment of syphilis are very apt to be treated to a severe psychic jolt—and perhaps not; time alone can tell, and plenty of time at that.

Arsenic Paste as a Cancer Cure

Arsenous acid has for hundreds of years been used as an ingredient in many of the plasters, pastes, etc., used in the caustic

treatment of skin cancers. The oldest cancer "cure" known dates back to the fourteenth century, was devised by one Fuschin, and consists of arsenic, soot and serpentary. Since the day of Fuschin more than a score of arsenical cancer cures have created sufficient furore in therapeutic society to warrant their formulæ being inscribed upon the pages of history. At this date there is no question but what arsenic, when properly used, can eradicate certain forms of skin cancer.

Hepatic Disturbances and Diabetes Not Always Helped

Various hepatic disturbances are amenable to arsenic. Cirrhosis of the liver and jaundice due to catarrh of the bile-ducts have frequently yielded to the trioxide and to Fowler's solution. Diabetes due to hepatic causes is said to be favorably influenced by quinine arsenate. Some years ago one of my professional brothers exultantly informed me that he had cured several cases of diabetes with quinine arsenate. He was a careful, painstaking, reliable physician; his rationale was good; his results were good; my faith in quinine arsenate was good. I induced one of my relatives who was diabetic, to try the remedy. He did so, faithfully—and died on schedule time.

Moral: Don't rely too implicitly on any remedy in diabetes. Subsequently I tried it on other cases and secured some apparent cures, i. e., the sugar disappeared from the urine and the patient's physical condition improved. Constipation associated with sluggish liver is benefited by caffeine arsenate.

In amenorrhea due to anemia, in persistent menorrhagia coexistent with anemia, and in fact in all anemic and chlorotic conditions of young women there is nothing that is so good as arsenic. The arsenate of iron, strychnine arsenate, manganese arsenate and the iron and quinine arsenates, are all most efficient salts in building up the blood and removing those conditions which are the foundation of so many of the nervous phenomena and exhibitions of debility displayed by pale, watery, weak and hysterical girls and women.

An All-Around Blood-Builder

When it comes to a good all-round general purpose hematinic always consider arsenic in some of its salts or organic compounds. Iron arsenate is an especially valuable arsenate because of its ready solubility in dilute hydrochloric acid and its consequent easy absorption in the stomach. Arsen-hemol and other compounds of arsenic and hemoglobin are worthy of trial in anemic cases as well as the salts just mentioned. Also calcium arsenate.

As a remedy in spermatorrhea and functional impotency arsenic in minute doses has acquired quite a reputation in the Orient, but its use in this country seems to be *nil* except in the combination with strychnine.

My Therapeutic "Mule"

And that reminds me, don't overlook the fact that strychnine arsenate is one of the most valuable drugs to be found in our remedial repertoire. It is what I call my therapeutic mule—it does the hardest kind of work under the most adverse conditions, with the least amount of exertion, and produces the results. As a tonic, hematinic, alterative, antiperiodic and antituberculous remedy it has few that equal and none that excel. For years I have been using it in all forms of chronic disease, with an almost indiscriminate routiness, and I have as yet no cause for regrets. It must be used with caution, however, as the careless, long-continued use may result in aggravating the very conditions sought to overcome. Those who have been accustomed to giving strychnine arsenate by the mouth may be surprised to know that excellent results can be obtained by administering it hypodermatically dissolved in paraffin oil. Give from 4 to 15 drops (as may be required) of a one-half percent solution.

The antiseptic qualities of arsenic, while well known, are more available in the museum, the anatomical laboratory and in taxidermy, than in surgery or medicine, although they are of undoubted value in the several intestinal fermentations, as mentioned in my remarks on diarrheas.

The Value and Limitations of the Clinical Laboratory

By J. FAVIL BIEHN, A. M., M. D., Chicago, Illinois

THE medical profession is divided into three general classes as regards the attitude of its members toward the clinical laboratory as an aid in diagnostic and therapeutic work.

First, there is the older practitioner, who relies upon an extensive experience and finely developed diagnostic acumen, and decries the new "fandangles" of science, often because of his lack of familiarity with them.

Second is the recent graduate, who has seen and utilized some of the advanced methods of the laboratory, and who expects to diagnose *everything* by such means, because he is lacking in the bedside experience, which is the older practitioner's principal forte.

Both of these men are in error.

Third, there is the active experienced practitioner, who is and always will be a student, the ideal physician, who does not cast aside his books and journals as soon as he received his license. Such a nan is the ideal doctor, who keeps abreast of the times and utilizes all possible means to improve the quality of his work. Such an one recognizes the truth in the statement of Dr. W. J. Robinson, that "in fighting disease we must exercise care, more care, and still more care. It is so easy to slip up."

The really progressive man, therefore, weighs, considers and utilizes *both* clinical and laboratory methods. In some cases one is of greater value than the other; but neither is to be ignored in any case, if the best results are to be obtained. The thorough man is a successful man always, and to him no sign or symptom is too trifling to be of value, since all possible clinical evidence must be considered if we wish to treat our patients with intelligence.

An Increasing Demand for Laboratory Facilities

That the foremost physicians and surgeons require and utilize laboratory reports is evidenced by the increasing demand in our hospitals for competent laboratory facilities. This is also true of the leaders of the profession, and it should be true for the general practitioner.

Too many physicians still treat "named diseases," having a set routine for typhoid fever, pneumonia, tuberculosis, etc.—utterly failing to recognize the fact that they have to do with the patient as an individual suffering from what we call for convenience "typhoid fever," or something else, but which rarely manifests itself in the same degree or with the same metabolic reaction in any two individuals because of the inevitable variation in the physical and mental character of different patients, and the constant variation in the quantity and virulence of the disease-producing agent.

The old practitioner, the man "of experience," often errs because the clinical signs and symptoms are misleading and insufficient. Many symptoms are incapable of correct interpretation, even by the most skilful practitioner, unless they are elucidated and correlated with facts to be obtained only by chemical or microscopical examinations.

Physicians of the second class are equally prone to error, since the laboratory is as yet in its infancy, and these men can accurately diagnose only a limited number of pathological conditions; the equally essential information as to the physical characteristics of the patient are not obtainable by this means. Laboratory findings that are pathological in one individual are not necessarily so in another, and laboratory findings alone, except in certain specific instances, are not absolutely diagnostic.

Those of the third class recognize that hardly any one clinical or laboratory sign is pathognomonic of any disease, and that coincident conditions, as evidenced by other signs, must always be considered. They realize that the laboratory findings provide one or more additional links in the

chain of evidence, which is unfortunately often wofully incomplete.

Importance of the Urinary Examination

The urine is the principal excretory product of the body, and in it we have one of the most valuable of indicators. An examination of this secretion is often the only positive means of making a diagnosis, and I can conceive of no pathological process in which a careful analysis will not be of value.

Note, I said "careful analysis." This unfortunately is rarely made. Visit the average hospital, where an interne is delegated to do the laboratory work, and note the daily accumulation of innumerable bottles of stinking and otherwise vile fluids, each with a patient's name upon it.

If you will come in the next day you will see the same array of bottles and the same array of names, indicating that many physicians, as a matter of routine, order a sample of the urine sent to the laboratory every day. The reports they get are necessarily worthless, because the interne has neither the time nor the inclination to examine them properly; while often he realizes that these examinations, repeated day after day, are not only of no value, but are a waste of his good time and the hospital's good material. The examination of a single voiding of urine, except that it will give a certain qualitative analysis indicating the presence of albumin, sugar, casts or such other pathological product, can throw no light whatsoever upon the case.

Not only in hospitals do we find such careless work, but in the offices of many physicians who claim to do "urine analysis." They examine a single voiding, taking the specific gravity and the percentage of urea, making a rough test with nitric acid for albumin, and sometimes testing for sugar. These examinations are of even less value than the routine hospital examinations, and the results obtained are frequently more misleading than otherwise.

The complete analysis of a specimen from the twenty-four-hour voiding, the entire amount voided in twenty-four hours being known, where the percentages may be figured into actual amounts, always gives us interesting information.

A sample of the twenty-four-hour voiding is especially necessary in many cases. For instance, this is true in certain cases of albuminuria (I have in mind those of hypostatic albuminuria, in which the albumin is only found when the patient is on his feet), or in the case of indicanuria, large amounts of indican being found at certain times, even in one day, while at another time the urine is practically free from this substance.

The Absolute Quantity of Urea per Day

The recording of the percentage of urea means nothing. If we examine two single voidings from two different persons and find that both have a urea percentage of 1.8 we do not know any more than we did previously. One individual may be voiding 2000 Cc. of urine, or 1.8 percent of urea, which would be 36 Grams of urea in twenty-four hours—a perfectly normal quantity for an average individual. Another one, whose urea is also 1.8 percent, might be voiding only 1000 Cc. of urine, and thus eliminate but 18 Grams or in other words, only 50 percent of the normal amount.

These facts can only be determined by an analysis of a sample of the twenty-four-hour urine. If we know that the urea elimination is only 50 percent of what it should be, it then remains for us to utilize the equally valuable clinical means of examination to determine the cause of this condition.

Blood in the Urea

A microscopical examination of the urine disclosing blood or pus does not tell from where it comes, but clinical methods have been devised whereby we may elicit this information.

This is something which puzzles a great many physicians, yet it is comparatively simple and requires but little time. Above all it is perfectly safe. By having the patient void successively into three glasses, we can determine whether there is pus and blood in the first and second only,

and not in the third, in this case indicating that all of the urine in the bladder was not mixed with pus. Therefore the trouble lies in the urethra. If all three samples, the last as well as the first, show pus and blood, we know that the lesion lies either in the bladder or higher up in the kidneys.

To Determine a Bladder Lesion

Knowing that the normal bladder absorbs practically nothing, we can determine very easily whether or not there is a lesion of the bladder. This is accomplished in the following manner:

Inject into the bladder 5 or 10 grains of potassium iodide dissolved in 1 or 2 drams of water. Then test the patient's saliva, by having him expectorate into some ordinary starch paste containing a little nitric acid. If there is a lesion of the bladder, from which the blood and pus comes, some of the potassium iodide will be absorbed and will appear in the saliva, the nitric acid will break up the iodide of potassium, liberating the iodine, which then acts upon the starch paste, producing the purple reaction of starch iodide. This reaction usually occurs within one-half an hour under such conditions.

If there is no lesion of the bladder the potassium iodide will not be absorbed. It is not absorbed from a normal continuous vesical mucous membrane. Therefore we know that the lesion must be in the ureters or kidneys, in other words, above the bladder.

If there is blood found in the urine upon microscopical examination, one should always immediately suspect tuberculosis of the kidneys—unless there is a lesion of the bladder or urethra. The examination of the urine for tubercle bacilli is not a very satisfactory procedure, but if we use old tuberculin, hypodermically (or in a patient under twenty years of age by the Von Pirquet method), producing thereby the typical reaction, we are at once satisfied that there is tuberculosis in the body, and the fact that there is a hemorrhage from the kidney indicates that in all probability there is the seat of the disease.

While tuberculosis of the kidneys is not a very frequent disease, the kidneys being able to excrete tubercle bacilli and throw off the infection to a certain extent, yet it is in these exceptional cases, when a proper diagnosis is made in time, that the physician can prove that he is a better man than his fellow practician, especially if these exceptional cases can be diagnosed by him in sufficient time for the treatment to be of some avail. These are the cases which really give him his standing in the community.

Tests Which Are Absolutely Diagnostic

Some laboratory tests of the urine are, for all practical purposes, absolutely diagnostic. The finding of casts in the urine, especially of the granular and epithelial variety, indicates beyond question that there is a nephritis present. The same is also true of indican, indicating intestinal indigestion or fermentation. The new test of Russo, for the diagnosis of typhoid fever, while, of course, having its limitations, like all other laboratory tests of such a nature, has in my hands been a wonderful success. It appears much earlier than the Widal, and it does not matter if the urine is sent from quite a distance. Specimens that I have examined repeatedly, after having received them, showed that even eight or ten days after voiding one can still get a very marked and characteristic reaction.

Laboratory Diagnosis of Gonorrhea

Just as it is very difficult to determine the presence or absence of tubercle bacilli in the urine, so with gonococci. It is almost useless to examine the urine for this organism, except in an acute case, while an examination of the pus (a direct smear of the pus from the urethra) gives much more accurate knowledge. There are a great many other diplococci present that resemble the gonococci very much ,and it is next to impossible to make a diagnosis of this disease by an examination of the urine. Only in exceptional cases can it be accomplished.

Before passing I also desire to say a word in regard to the diagnosis of gonorrhea in the female. Even in the acute cases the vaginal discharge rarely contains gono-

cocci, probably because of the highly acid reaction of these secretions. The proper method of obtaining pus for a laboratory examination is either to strip the urethra and make a smear of the pus from the urethra or else from the small glands on either side, or thoroughly to swab or irrigate the vagina, removing all of the discharge and then with a sterile probe or platinum wire remove some of the discharge from the cervical canal. Then, and then only, can you accurately make a diagnosis of gonorrhea, because only under these conditions, and in specimens so obtained, will you find the gonococcus in a typical arrangement within the pus-cells. Many, many errors are made in the examination of vaginal secretions.

Examination of the Sputum

The principal reason for examining the sputum is the determination of the presence or absence of tubercle bacilli. Their *absence*, however, is of little or of no value. Their presence of course usually determines absolutely the nature of the disease, that is if they are present in sufficient numbers. One or two tubercle bacilli in a large mass of sputum do not show that the case is a tuberculous one.

We hear the statement continually reiterated, that after tubercle bacilli are found in the sputum it is too late, that the diagnosis should and must be made before these organisms appear in sufficient numbers, because when they appear it indicates that the tuberculous tissues have broken down, ulceration has occurred and a secondary pus infection is present. Unfortunately, it is absolutely true, from my experience of the past eighteen years, that in the great majority of cases the average practitioner does not diagnose tuberculosis before the tubercle bacilli appear in the sputum. Countless sputa have been sent to me with a diagnosis, or rather the statement that the patient has been treated by the physician for months for a severe cold, that he is unable to do anything, and that he suspects there may, perhaps, be a tuberculous condition present. In the majority of these cases tubercle bacilli are found in large numbers and could have been found weeks, yea, months before had the sputum been examined.

I do not hold this up as the exclusive method by which tuberculosis should be diagnosed, because it can usually be recognized before the bacilli appear in the sputum; and ideal conditions, should they ever prevail, will be such that the diagnosis will be made before the bacilli appear.

While it is much more difficult to diagnose tuberculosis than pneumonia, yet no one ever thinks of diagnosing pneumonia by an examination of the sputum. The clinical symptoms are so characteristic that almost anyone with experience can readily determine the presence of the disease. On the other hand, pneumococci are practically always present in sputum, at least 80 percent of all ailing individuals who have any bronchial trouble whatsoever present the pneumococci. As a result, pneumonia can not be and is not diagnosed by this means alone.

The Laboratory, and Bacterin Therapy

In the examination of purulent discharges the laboratory is coming more and more into the foreground. This is especially true in the light of the new bacterin therapy. It is obviously impossible to obtain results by bacterin treatment (except an autogenous bacterin be made), unless we know the exact organism that is causing the infection; for it is plain to all that there is no use in giving a staphylobacterin for a purulent infection that is caused by colon bacilli.

So it is with blood and feces and other material. The laboratory has its distinct place and it will give us many valuable hints. Many times, of course, it adds nothing of a specific nature, but very often negative findings, or even a slight hint, will throw the weight of facts in favor of one diagnosis as against another. Even if the laboratory does make a positive diagnosis, it yet remains for the physician to consider the patient, as well as the weight of the other evidence; and even positive laboratory findings must be qualified, modified and acted upon only in accordance with the accompanying physical signs.

The Wassermann reaction, if it is positive, gives us positive evidence that active syphilis exists. But if it is negative it may mean only a temporary disappearance of the spirochete from the lymphatic and vascular structures. It does not necessarily mean that the spirochete is not present in fibrous lesions poorly supplied with blood. Hence, a negative Wassermann reaction does not indicate that the organisms are all destroyed and in these cases, as in all others. the physician must take into consideration the general condition of the patient and also his general knowledge of the disease in deciding whether or not treatment should be continued.

Therefore, the proper field of the laboratory is to confirm or contradict suspicious evidence of disease the nature of which is not clearly apparent by other physical signs.

I trust the time is not remote when the physician will cease to rely on his ordinary senses, in other words, will cease to "guess" where the laboratory can definitely help him, just as he has ceased to rely upon his senses, for the determination of the presence or absence of fever, through the constant utilization of the clinical thermometer. No modern physician would think of seeing a patient in whom he suspected the existence of a febrile ailment without recording the exact temperature; yet how many of us are equally absurd when we fail to utilize the equally accurate and scientific methods of the clinical laboratory.

The General Practitioner as a Gynecologist

Everyday Helps for Routine Work

By GEORGE H. CANDLER, M. D., Chicago, Illinois

V

Pruritus (Continued)

IT is not at all unusual for a woman to present a train of symptoms evidencing a complete "nervous breakdown", and unless the physician questions her closely she will often remain silent regarding the fearful irritation of the vulva, which really is at the bottom of the whole of the trouble.

Occasionally a hyperesthesia of the vaginal orifice coexists. Such a combination is comparatively common in young, recently married women, and in those approaching the menopause. Hundreds of divorces have resulted directly from such conditions. The insertion of a bivalve speculum every second or third day and gentle but thorough dilation of the sphincter vaginæ often proves curative.

How to Take a Vaginal Douche

Absolute cleanliness must be secured, and the patient instructed how to take a douche. Most women imagine the vagina should be irrigated while in a squatting position. Also, the nozzle ordinarily used is worse than useless: it is too long, hence apt to enter a dilated uterine os; too slender, thus incapable of distending the vaginal walls; and so perforated that several needle-like streams impinge feebly against the cervix and fornices, the fluid trickling down along the rugæ without force enough to remove the secretions.

The irrigating device should be large enough to distend the vaginal walls and the water should flow freely from slits along the sides. The distal end should not be perforated.

A most excellent douche-point consists of such a hard-rubber pipe projecting from a soft-rubber cushion, so shaped as to occlude completely the vaginal orifice. In- and out-flow tubes are provided, so that it is possible to "balloon" the vagina by closing the exit tube for a minute or two. The higher the reservoir, the more complete the distention. By irrigating freely for a few seconds and then shutting off and releasing the out-flow tube every part of the canal is cleansed and massaged.

The douche should be taken in the prone position, with a pan of generous propor-

tions placed under the buttocks. At least two quarts of fluid should be used. The point and bag should be kept scrupulously clean and the nozzle lubricated with carbolized vaseline before using.

Treating Pruritis with Hyperesthesia

If in a case of pruritus with hyperesthesia such douches are taken nightly, and every third day the sphincter is stretched and a fair-sized tampon, soaked with euarol or ichthyol and glycerin, is inserted, prompt benefit will usually be secured. If there is much discharge it may be necessary to apply a tampon after each douche, and in rare cases the douche must be taken twice daily. However, a leucorrhea alone seldom causes pruritus of the vulva: disorders of the body-chemistry (such as acidemia and autotoxemia) set up or accentuate the condition in most instances.

A woman recently under my care spent most of her nights scratching and washing. The vulva, anal region and the inner aspect of the thighs were equally involved. Examination of her urine revealed a low urea output and about one-third the normal amount of solids. The acidity was high and indican and skatol present in considerable quantity. Eliminants, antacids and intestinal antiseptics were administered, meat was prohibited, and outdoor exercise ordered. Two weeks later every sign of the pruritus (which had persisted several months) disappeared.

The exact treatment in her case is given for the reason that the same clinical conditions very often exist and yield almost invariably to similar measures: Blue mass and soda, gr. 1-2; iridin, gr. 1-6, and podophyllin, gr. 1-6, were ordered half-hourly for two hours every other night, and a laxative saline draught was to be taken the next morning on rising. Boldine, gr. 1-32; xanthoxylin, gr. 1-3; rumicin, gr. 1-3, were administered half an hour before food, and dilute phosphoric acid, gtt. 10, in water with each meal. Bilein, pancreatin and sodium sulphocarbolate were given in combination one hour after food.

Alkaline antiseptic douches were applied night and morning for four days, then at night only; saline enemas at equal intervals. The affected area was sponged three times daily with carbolated epsom-salt solution (epsom salt, 2 ounces; water, 1 quart; carbolic acid, 20 minims), then *dabbed* (not wiped) dry with cotton and covered with one part of chloral-camphor and menthol in four of cottonseed oil. A few drops of thuja oil may be advantageously added to each ounce.

Look Out for Kraurosis

It must be remembered that occasionally a fibrosis of the local nerves exists (kraurosis). Examination of excised tissue proves that the nerve proper and the terminals are alike affected. The clitoris and labia minora are particularly prone to this disorder. Operation alone proves curative. The clitoris, nymphæ and inner surfaces of the labia majora must be removed.

Before instituting such radical procedures, however, it may be well to resect the anterior pudic nerve. It is reached by an incision midway between the tuberosity of the ischium and the anus. Great care must be exercised to avoid interference with the innervation of the anus. Such a carelessly performed operation inevitably results in fecal incontinence.

Local Irritation

Another cause of stubborn pruritus—one which is often overlooked—is a growth of stiff, short hairs upon the inner margin of the labia. When present, such hairs should be extracted.

Stout women—especially those who are careless about their ablutions—chafe severely and as a result suffer from pruritus. Such patients should wash the parts with a weak creolinated epsom-salt solution every night and morning and then apply an astringent dusting powder. An excellent formula is one consisting of zinc sulphocarbolate, 1 part; boric acid, 3 parts; starch, 10 parts; talcum (finely pulverized), 86 parts. Orthoform, 2 parts, may be added if there are painful excoriations. In the most rebellious cases carbenzol may be applied sparingly and the powder dusted over it freely.

Friction must be prevented by the use of cotton pads covered with gauze. If the patient perspires excessively, add a few drops of formalin (40-percent solution) to each pint of the epsom-salt wash.

Congestion of the pelvic organs may or may not be evidenced by a leucorrhea. If the uterus is engorged, apply after the night douche a depleting suppository consisting of magnesium sulphate in a glycerogelatin base. Excellent results also follow the use of tampons saturated with "epsomized" glycerin. In out-of-the-way places one may mix one part of magnesium sulphate in ten of glycerin, saturate a strip of gauze therewith, and pack it snugly about the cervix.

Attend to the Lower Bowel

Attention must be paid to the lower bowel. Dilation of the sphincter ani, the removal of mucous tabs, fissures, marginal ulcers, papillæ, etc., will often cause the disappearance of a pruritus. Where there is any disorder of the body-chemistry the diet must be modified and free elimination maintained. Alcohol, coffee, spiced and salt meats, rich soups, pastry, candy, and nuts should be prohibited.

Now and then the physician will find himself baffled, the disease persisting without apparent cause and despite the most carefully thought-out treatment. In such cases, send the patient inland, if a resident of the coast, and to the shore, if an inlander. Be sure that all local disorders are corrected first. While absent, meet the peculiar conditions presenting in the individual and from time to time examine the blood and urine. Ultimately, in most cases, you will win out. Yet sometimes you will have to admit defeat.

The very general efficacy of silver-nitrate or protargol solutions must not be forgotten. When the area is inflamed (sometimes when there is no evidence of disorder) a 10-percent solution of either drug painted over the surface will give almost immediate relief. When the parts are inflamed, cracked, and weeping (the result of persistent scratching), first cleanse thoroughly with the epsom-salt solution, then have the patient take a sitz-bath, hot or cool, as may be most agreeable, and apply, after drying, iodoform in ether (1 to 4) or equal parts of phenol and tincture of iodine. The iodoform-ether applications are made with an atomizer and every recess should be sprayed. The iodine-phenol mixture is best applied with a small brush, though a cotton-wrapped applicator may also be used.

In severe cases, if this method fails, spray the fluid over the area with a good atomizer, under high pressure. There will be some smarting at first, but this will be followed by a perfect anesthesia, for which the patient will be extremely grateful. A quite sharp dermatitis results later; the affected surfaces peel off and, quite often, a total cure is secured. Small itching areas may require a second application.

Thymol iodide in olive or cottonseed oil makes an excellent application during the healing stage.

(*To be Continued.*)

ALL true work is sacred; in all true work, were it but true hand labor, there is something of divineness. Labor, wide as the earth, has its summit in Heaven. Sweat of the brow; and up from that to sweat of the brain, sweat of the heart; which includes all Kepler calculations, Newton meditations, all sciences, all spoken Epics, all acted heroisms—up to that "Agony of bloody sweat," which all men have called divine!—Thomas Carlyle.

The Viewpoint in Medicine and Surgery

By BEVERLEY ROBINSON, M. D., New York City

EDITORIAL NOTE.—We live in a transitional age, and nothing is changing more rapidly than medicine, as regards both its scientific and its sociologic aspects. Are we going too fast—or too slow? What does the future promise? These are questions in which Dr. Robinson is interested, and which all of us should study carefully.

EVERY day, almost, one is reminded of how different is the point of view in practice, and particularly so as between that of the young and of the old.

To the recent graduate still in the hospital, or maybe out of it but a short time, new findings are received with relatively great enthusiasm and a belief in them will crystallize rapidly. Even those things that were deemed good and useful a few years ago are cast aside and almost forgotten. As to methods which time has honored and which in their day were lauded and appreciated to the highest degree, they are never thought of, or if so, merely in passing and as though the era of their use had long since gone by. A man just embarked in our profession may go so far even as to ask of his older, more experienced brother how he possibly can have faith in this or that remedy or method of treatment.

On the other hand, old plans and views are resuscitated and treated as new, simply because the practitioner in case is uninformed as to what was usual practice many years ago. In this connection, I remember very well a paper read before a learned society on the use of nitrate of silver in the treatment of diphtheria, in which the author spoke of it as a wonderful remedy and new. As I listened, I recalled the fact that even in Trousseau's day this agent had already been strongly advocated, but given up.

Are Modern Ways Improvements?

To listen to the outpourings of the experts today on the subject of tuberculosis, one would hardly believe that the late revered Austin Flint had ever written or reported the results of life-long work in his treatise on phthisis. Yet, in that essay, the march and control of the disease is told with greatest understanding and clearness. I fail to find much of real moment that has been added by later writers, barring the discovery of the specific microbe, but which is, possibly, as much a scavenger as a cause of the dread disease. As to the remedies employed: at Flint's time a few good and reliable ones were called in aid, while at present scarcely any at all, following our learned therapeutic nihilists. Fresh air and sanitation were formerly also considered most desirable, as were proper food and nursing. Only, a frightful bugbear was not made of sanatoria and contagion, one of which is producing, not infrequently, self-centered, nervous wrecks, the other rendering men and women still more selfish and inhumane.

Where has gone the old and well-tried art of bleeding for subduing, controlling or ameliorating inflammatory disease? Innumerable proofs may readily be adduced of its immense value for these purposes. Because sadly abused at one time, that is no reason why a measure so frequently of greatest value should be almost banished as a medical procedure. Pneumonia would be less fatal, operations for appendicitis would rarely be required, mastoiditis would cease to be a fashionable complaint were leeches more often and properly employed.

Again, what of the Brand treatment of typhoid fever which captured the whole medical profession only a few years ago, and that despite its great annoyance and dread to the many nervous and sensitive men and women? Personally, I have never had occasion, in private practice, to insist upon it in the treatment of typhoid fever, or to apply cold compresses in pneumonia. Thanks to later knowledge, we now find that the treatment is far less in vogue than at one time it was, for we can get as good if not better results from warm baths or

lotions. Surely, in this way, also, comfort is largely promoted. In the issue of *The New York Medical Record* for September 16, 1911 (p. 604), I find the following: "The medical profession had been most faithful to the Brand treatment, but after twenty years' experience with it Dr. Hollis said he would be glad to give it up."

Overenthusiasm of Modern Surgeons

Look at what occurs daily, and in increasing number, about many operations, especially those in the abdomen and when disease is acute or diagnosis obscure. The physician has done what he could to be helpful, but feels in conscience the patient should see a surgeon. The result is that in the majority of instances an operation or exploratory incision is made—the claim being that diagnosis may be rendered clear or life saved. Is this always true? Not infrequently, after the abdomen is opened, conditions are found complicated and then a wise man abstains from proceeding further, merely closing up the wound.

If an operation be determined upon, is life always saved? Not in my observation. On the contrary, deaths are constantly reported. Nature cannot be thwarted with impunity, any more surgically than medically. Tonsils, appendices, ovaries, all have their uses and were not intended to be taken out of the body by overzealous aspirants for fame and fortune (particularly fortune!). I venture to affirm, if nine-tenths of the patients operated upon knew what is in store for them both during and subsequent to the operation, they would cry a halt. I also venture to affirm that with every succeeding year operations will be fewer and anyone resorting to them be severely criticised, and justly so.

So it is also with regard to newfangled, worthless drugs, given by a physician who, while often knowing the harm he is doing, is seemingly obliged to do so to have patients and make a living.

Illustrations could easily be given in large number to prove my statements. But to do so would be tiresome and not effect my purpose as well, it might be, as the mere presentation of what has gone before.

Mr. James L. Ford, in his review of Robert Herrick's last novel, says of The Healer, the central figure of the story: "Indeed, he carried his idealism to the extent of declaring that in ages to come the practice of medicine will be carried on by the state, and that doctors will give their best for a small salary, as priests do, instead of working for fat fees. He is outspoken in his contempt for medical charlatans and fakers and prefers to devote his very life to healing the very poor of the wilderness, working either for nothing or else a mere pittance."

To my mind, it *would* be a great blessing to the community if doctor and surgeon had a fixed salary in no way dependent upon number of consultations or operations. In this way, perhaps, humanity would be better served, unless mere disordered ambition and thirst for notoriety still put heart, brain, conscience in the background, where they appeared only as an unknown quantity.

As to professional consultations, particularly in medicine, what purpose do they serve, practically, if the family practitioner is petty and selfish? The consultant is called only when it becomes obligatory, and if he should express an advisory opinion, the patient is still again looked after by his regular physician, while the patient's frequent interference with drugs or doings of divers sorts may delay or even prevent recovery. One way to avoid these lamentable results would be for the family physician to furnish his own remedies, without informing the patient of their nature. Thus he could ring changes on the few really useful remedies in his armamentarium, while the mental control of the patient, which is so important, would increase, instead of waning.

One cannot be protected against knavery and fraud except through unblemished character and rectitude of purpose. I claim if a doctor or surgeon is a faker—woe to the patient invariably; if he be honest and true he should be trusted and obeyed implicitly.

The later-day knowledge which proceeds from daily reading of newspapers or from the gossip of idle, ignorant tongues of

men and women is deplorable beyond estimate. To arrest and possibly cure the tendency, is what should be aimed at constantly by all who would uphold the medical profession in its highest aspirations. These are, or should be, above all, prevention of disease and diminution of human sorrow and suffering.

What Active-Principle Therapeutics Means to Me

By HAROLD HAMILTON REDFIELD, M. D., Chicago, Illinois

Professor of Therapeutics, Bennett Medical College, Department of Medicine of Loyola University; Therapeutist to the Jefferson Park Hospital, Chicago, Illinois

EDITORIAL NOTE.—Doctor Redfield has ample opportunities to test his theories and build foundations under his beliefs, since, as surgeon to one of the large Chicago packing establishments, he sees all sorts of cases, under all sorts of conditions. Naturally, his papers are of great practical value—and this one is no exception.

DURING the past few years the question, What does active-principle therapeutics mean to you? has been asked me scores of times by fellow practitioners, and I have often wished that I could be given a lease on life similar to that of "The Wandering Jew," in order that I might have sufficient time in which to answer it as fully as it deserves.

To the average physician the contemplation of the question of active-principle therapeutics means a complete revision of his former therapeutic teachings and knowledge; he never stops to consider that the indications for that part of the fluid extract or tincture which gives to those preparations their therapeutic value will apply equally to those parts or principles when isolated and placed in a usable form.

To me the use of the active principles means a definite, positive knowledge of drug action that cannot, under any conditions, come from the use of the old moss-covered, empirical galenical preparations. It means that I am enabled to get away from the uncertainty of results following the exhibition of a drug such as, for instance, a preparation of jaborandi, which contains two antagonistic principles, namely, pilocarpine, which stimulates the secretions, and jaborine, which acts in a manner similar to that of atropine, checking all the secretions. It means that, when I give my patient a granule of pilocarpine, I know that the result will be an increased secretion, and not that, as in the case of the galenic preparation of jaborandi, a trust, a sublime faith in the interposition of that portion of the divine providence that has for its especial duty the chaperonage of idiots and others mentally deficient, to see that there is not an excess of jaborine in the preparation used, with a resultant checking of the secretions, instead of the stimulation—the real effect desired.

It means to me that I am able to recognize the existence of an acute inflammatory condition as shown by the disturbances in the circulation, respiration, and heart-rate, and that before the evidences of specific pathologic changes occur; that is, before a name-diagnosis is rendered possible, I can interfere and effectually stop the impending attack, in other words, abort the threatened condition.

It means that I have always at my command, in the pocket-case or in a larger one in my grip, the most elastic system of therapeutics ever devised, one that can be changed instantly to meet some new condition that demands attention.

It means that I am able to give to my patients immediate medication without waiting for some member of the family to go, maybe, several blocks and wake up a sleepy night-clerk, wait until he dresses, puts up the prescription, and get back to the house, with, say, an infusion of digi-

talis which, as everyone knows, is absolutely inert unless made from fresh leaves; while in the meantime the causes of the trouble have not been taking a vacation, but have been busily at work.

It enables me to keep always on hand a stock of potent remedies that never deteriorate with age—I have in my case at this time so ıe granules of aconitine that were packed in the year 1904, and they are still as active as the day they left the factory.

It enables me to get results in cases that seem hopeless: in pneumonia, pleurisy, rheumatism, as well as in other conditions too numerous to ıention.

It means that I am able to show a ıost unusual record in dispensary work in one of the worst districts in this city, a record of over 3000 medical cases ıanaged during a period of five years, with only five deaths while the patients were under treatment.

It means that the record of the Jefferson Park Hospital will show innumerable cases of jaundice, pneumonia, and enteric fever broken up within a week following the admittance of the patient to the hospital; while in some of these pneumonia cases the case-chart will show temperatures as high as 106° F. and which, under the equalizing influence of aconitine, were brought down to the normal within twenty-four hours and the patient was discharged within ten days.

It means one life saved, a fact that to me will always be a happy recollection. One stormy winter night, called in consultation way out west in Logan Square, about ten miles from my residence, to find a brother physician with a severe case of pneumonia, in a baby two years old, on his hands; conditions growing worse; the prognosis exceptionally grave; parents almost frantic; the house darkened by the shadow of the death-angel's wings. A careful going over of the case with the attending physician, out with the old trusty case, some aconitine, cactin, and strychnine for the fever and to sustain the little struggling heart and support the lingering spark of life which threatened to go out at any moment; bryonin for the pneumonic condition, iodized calcium to take care of the effusion; and last, though not least, calcium sulphide, to combat the infecting organisms that were slowly but surely winning the battle. It means that I was able to tell that mother not to worry, that the baby would get well, and to have the satisfaction of having the doctor call me up the next day and say, "Well, old man, we win, the baby is out of danger now"—a fact that was emphasized later by the substantial check, accompanied by a letter such as only a grateful father can write out of the fulness of his heart, a letter simply flowing over with gratitude and thanksgiving.

These statements are not fantasies, but are facts—facts that can be proven by clinical records, that I should love to publish just to show any doubting Thomas what can be done by the intelligent use of these active principles. I am living in hope that some day CLINICAL MEDICINE will enlarge to such an extent that I can purloin about half of its pages and give the brethren a résumé of these hospital records, and demonstrate to them that, thanks to the genius of that noble Belgian, Adolph Burggraeve, we have at last a system of treating disease that is scientific, absolute, positive, and free from superstition, empiricism, and obsolete therapeutics.

Referred Patients

And the Business Relations Arising in Connection With Them

By ARTHUR BOWLES, M. D., Ellsworth, Kansas

II

The Doctor's Help in Selecting a Surgeon

NOW comes the selection of a surgeon. Should the physician present his bill collect, and terminate his connection with the case, leaving the patient to seek out his own surgeon? Certainly not! And this is one of the most important points in the argument. Laymen are notoriously ignorant in such matters, and it is just here where many an unhappy sufferer drifts into the hands of unscrupulous quacks and wastes good money; and what is of more importance, loses time, valuable time. No, my surgical friends, the doctor's connection with the case should still hold good, it should still be "his" patient, and he should see his patient guided safely to a man of surgical ability, one competent to render the aid that the physician feels himself unable to give. Is he rendering the patient a service in doing this? Most certainly! Should he be remunerated for it? Is there any reasonable man who can conscientiously say nay?

Let me quote here a few lines from Bayard Holmes's book on "Appendicitis": "The obligation of the patient to the surgeon," Holmes writes, "who with the greatest skill cures the disease quickly, safely, and pleasantly, is far less than to the physician who has the intuition, the scrupulous devotion, and the unflinching courage to insist upon surgical relief at the first red flag of danger, and before irremediable complications have developed." And, again: "The physician who makes an early diagnosis of appendicitis, and by his diplomacy secures a prompt and ideal appendicectomy, with only a few days of disability and trifling suffering of the patient, renders a far more valuable service and ought to receive a larger fee than the surgeon who skilfully performs the operation."

These are not the words of a disgruntled general practitioner, dissatisfied with his financial returns, but of an able and conscientious surgeon and original thinker. They are worth pondering over. If it can be demonstrated that they are true, the physician who participates in a common surgical fee is not accepting a "commission," but is merely getting his just dues for services rendered; and the surgeon who divides the fee is not a bribe-giver, but is only seeing that his business associate receives just compensation for his share in their joint treatment of the patient.

We have now, at last, gotten our patient and his physician to the place where a surgeon is to be called into the case, and have decided that it is a part of the doctor's duty to aid in the selection of the latter.

Respect the Patient's Choice

If the patient be intelligent and expresses a choice as to which surgeon he desires to have called, his wishes should be respected, provided that the following two conditions be fulfilled: First, he must be a man whose surgical ability is known to the physician. No doctor is fulfilling his obligations to his patient when he permits him or her to risk life and health under the knife of a reckless or incompetent operator. Second, he must be one who will treat the physician himself fairly in a professional and business way. The doctor is not fulfilling his obligations to himself and family if he neglects this equally important point. If the surgeon be one who has been known to neglect the professional interests of the local practitioner, he is not the man to select.

A physician referring a case to an outside surgeon has a right to expect that his wishes be consulted as to the operative procedures to be instituted, the time and place of operation, and other details. In the determination of these factors, the procedure should be the same as in any other medical consultation. The case still belongs to the physician, the surgeon being merely the consultant. Each should have

an equal voice in determining the treatment. The conservatism of the medical man is frequently a safeguard to his patient, in shielding him from the effects of the impetuous radicalism so natural to the man who is operating every day.

Operation having been definitely determined upon, the surgeon becomes a copartner of the physician, for the time being, but by no means is the latter to be excluded from further participation in the treatment and remuneration. He should, whenever possible, be present at the operation, should be given the privilege of assisting, if he be so inclined and competent to do so, and should have a share in the after-treatment, if this can be. The educational advantages to be derived by the general practitioner in thus following up his surgical cases, the insight it gives him into practical pathology, and the aid it renders to his future diagnostic efforts cannot be overrated. And in rendering this service to himself, he has likewise benefited his patient. His dealings with the case have been in the nature of services rendered, and he is entitled to his share in the remuneration. Any other supposition is false on the face of it, absurd, and unjust to the man in general practice.

The Patient in the Case

Coming to the patient's part in the transaction, we find less complexity. What is fair and just to him when he is so unfortunate as to be a "referred case"?

In a professional way, he is entitled to the earnest efforts of both of his medical advisers to a prompt and skilful operation by his surgeon and to the watchful care of both during the critical period of his recovery. In a business way, the services having been rendered, he is under an obligation to see that both men are promptly and sufficiently remunerated for their work. The amount of the fee should be agreed upon by both of them in joint consultation. It will, of course, vary with the locality, nature of the operation, and the patient's financial status.

Only a few obvious rules can be laid down. The patient's physician is the one who knows him best and knows his financial status; the surgeon, in all likelihood, is more familiar with the price which such work should bring. He should decide the amount that he thinks he is justly entitled to, and enough should be added to this to recompense the physician for his connection with the case. The sum total should be such an amount as the patient can afford to pay, and not out of proportion to the value of the service rendered. The bill having been paid by the patient, his connection with the matter is at an end. Who collects the money and the partition of it are matters in which he has no concern. The professional relations are now suspended, and the patient is merely an individual who is indebted to two business men for a certain amount. The relative division of the fee is a matter of which he need not be cognizant, providing the charge has been just and fair.

This brings us to a consideration of the third party in our triangular association, the surgeon. And right here let me state that I am not trying to write a guide-book for the use of surgeons, but I do want to consider a few points that may be of interest in regard to the mutual relations subsisting between the everyday general surgeon and his business associate, the general practitioner.

The great bulk of the surgical work of today is being done by the general surgeon, and to his credit it may be said that it is generally well done. The local general surgeon, the county-seat surgeon (if I may so term him), gets nine of the operative cases in his community to one that is referred to the surgical specialist in some distant surgical center. He operates under conditions that are far less ideal than those that surround and safeguard the work of the few master surgical specialists whose names so constantly adorn the pages of our journals of surgery, and occasionally those of the general press. His patients often have to be taken care of in their own homes. He encounters the neglected appendical abscesses, the intestinal obstructions, the ruptured ectopic pregnancies, etc., that are in too critical a condition to stand the long journey to some distant center of surgical work. His total mor-

tality may run a little higher than that reported from some of our large surgical business houses; but if so, it is because of the class of cases he encounters, and not because his work is not well done.

This class of men constitutes the bulk of the surgical profession in America today, as the general practitioner does of the internist. They are generally graduates from the ranks of the general practitioners, and as such are able to comprehend the local physician's viewpoint in a way not possible to the man who received his training in Europe and never practised outside the walls of a hospital.

To this man comes the physician with his referred case. Can he or should he be arbitrarily set aside and the surgeon assume full charge of the patient and collect the entire fee? I cannot see how anyone, no matter how prejudiced, can venture to assume that such a course is right or in any way justifiable. Remember that with the surgeon, as well as the physician, competition is keen and the struggle for existence ever present. I do not for a moment think that this tempts him to do rash or unnecessary surgery; in fact, I believe that among the local general surgeons is found more true surgical conservatism, and less reckless operating, than will be seen in most of the large surgical factories where they turn them out while you wait. I do think, however, that it puts him more *en rapport* with the physician, enables him to recognize the latter's rights in connection with his case, and leads him to respect them and see that they are not infringed upon.

In conjunction with the physician, he examines the patient and confirms the diagnosis, and the operative treatment is carried out in the physician's presence and with his assistance. Throughout the postoperative period the patient is generally under the direct supervision of one or the other of the two, depending upon whether the operation is done in the hospital or in the patient's home town. Whichever one attends to this part of the treatment, the other is kept in touch with the case by frequent reports. When a cure has been established and the patient is discharged, the total fee, collected by one or the other, according to circumstances, is shared between them, each receiving his due wage, as previously determined.

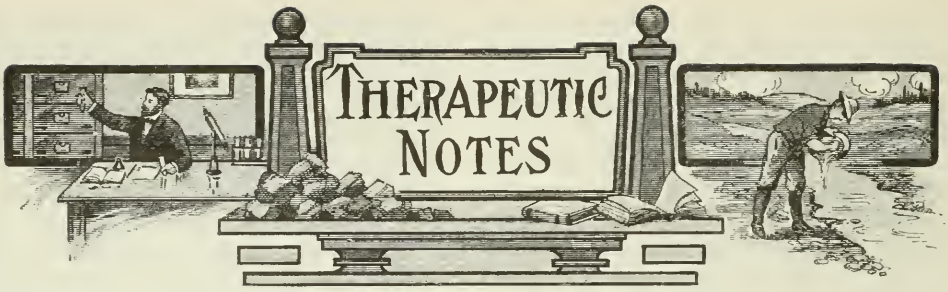
The professional relations subsisting between the physician, the surgeon, and the patient, that have just been discussed, are ideal, and I am happy to be able to state that this ideal is generally approximated by the conditions as seen in actual practice. There are several reasons why this is so, but the chief and most important one is, that there is a community of interest all working strongly for the attainment of a single end, the cure of the patient.

Professional Relations Ended, Self-Interest Steps In

After the professional part of the work is completed, the professional relations are terminated and the business side of the case comes up for consideration, this community of interests is dissolved. Instead of common interest, we now have self-interest on the part of each of the three individuals. Now the surgeon wants his remuneration for the services he has rendered, so does the physician. The patient wishes to terminate his part in the contract as cheaply as possible. There are exceptions to this, but it is a general rule, and in ninety-five percent of the cases the situation is about as described. To the credit of the American public, it may be said that the patient's part in the transaction seldom causes much difficulty. He generally pays for his treatment, and pays well, and it is right that he should. Pauper practice and the surgical clinical material in the larger cities furnish almost the only exceptions.

In spite of this, however, we shall regretfully have to admit that the business relations in connection with referred cases do not approach the ideal in many instances, the self-interest factor often inflicting gross injustice upon one or the other of those concerned.

(*To be concluded.*)



AFTER-TREATMENT OF ANESTHESIA

After all general anesthesias, it is a good procedure, according to S. T. Pope (*Jour. A. M. A.*, 1911, p. 1359), to let the patient drink repeatedly, at intervals, a glass of water containing a dram of sodium bicarbonate. If this is vomited, it serves as a good gastric lavage; if retained. it tends to forestall acid intoxication.

ANTISEPTIC ACTION OF COPPER

Writing on the antiseptic action of the salts of copper, Dr. A. Springer (noted in *Pharm. Zentralh.*, 1911, Oct. 12), who had been led to his investigations by accidental observations in milk containing very slight traces of copper through a contamination, says that he found salts of copper to possess an antiseptic action upon putrefactive bacteria, even in solutions as weak as 1 : 2,000,000.

We have often seen proof of this laboratory finding in the prompt action of copper arsenite in putrefactive conditions of the intestinal canal. Copper sulphocarbolate gives every promise of being one of our most useful agents of this class.

TREATMENT OF THE BLOOD IN SEPTICEMIA

Edward A. Tracy, in an interesting paper on the betterment of the blood (*Merck's Archives*, 1911, November) says that in sepsis due to the toxins of various pathogenic bacteria, a good preparation of calcium sulphide in doses of 1-6 grain or more acts beneficially in most instances. A fair experience justifies the assertion that this drug, together with nuclein, is of great benefit in the sepsis accompanying the bacterial diseases of childhood—scarlet-fever, measles, mumps, and influenza.

NUCLEIN SOLUTION IN SURGERY

Basing on the results with protective injections of nuclein, as reported by Miculicz and his pupils, Achard and Redfield (*N. Y. Med. Jour.*, Oct. 14, 1911) employed the solution of nuclein derived from wheat-germs in contaminated wounds, such as bruises, contusions, cuts, burns, and the like, for the purpose of preventing infection. They report eight cases, in all of which nuclein solution was used freely, with or without previous disinfection of the wound, and in all of them prompt healing occurred without suppuration.

The authors conclude that their favorable results were due to the beneficial action of nuclein, by preventing the action of the infectious organisms present and promoting healing through encouraging leukocytosis. They express the wish that others may investigate the problem.

THE DROP-METHOD OF ADMINISTERING ETHER

Harold A. Lucas describes, in *The Medical Record* for November 25 last, an ingenious method of giving ether by the drop-method.

Cut out the tin closing the neck of the ether-can. Fit over the rim an ordinary rubber nipple through the point of which a pin has been passed. Fix the nipple firmly in place by means of an elastic band snapped around its base. Then, by holding the can in a horizontal position, the slow issuance of drops, all of the same volume, is insured. There is no leakage, no

waste, no chance of the dislodgment of a cork and a consequent deluge of ether upon the mask, or of the other more or less annoying accidents of such frequent occurrence when gauze wick and cork are used. If it becomes necessary to increase the flow of ether, a slight tipping of the can will produce a spray similar to that from an atomizer.

By this method patients have been kept adequately anesthetized during two hours or more, with the use of only one-half pound of ether, or even less. In cases of major operations upon babies the sight of the nipple seems to have a quieting effect, and anesthesia is produced without demonstration on their part.

This method appeals to us as promising and economical, and it certainly has the advantage of lessening the chances for contamination of the ether by air.

IODINE LOCALLY IN SMALLPOX

Dr. C. S. Rockhill, of Cincinnati, informs us that he has been using iodine locally in the treatment of smallpox in the municipal pesthouse, of which he has charge.

Through this manner of treatment, he says, he has been able to shorten the course of this disease from the usual 25 to 30 days down to 15 days, and when applied frequently enough and with sufficient thoroughness, the disease may be aborted and all characteristic symptoms, especially the disfiguration by pitting, prevented.

The ordinary tincture of iodine is applied diluted with glycerin in the proportion of 10 parts of the tincture to 90 parts of glycerin. This mixture is painted over the pustules two or three times a day. Under its influence the patient's temperature subsides, and no pustular formation or pitting whatsoever occurs. The pustules take on the color of hemorrhagic smallpox, due, of course, to the staining effect of the iodine.

Desquamation is very rapid, while the shedded scales are absolutely sterile. Danger of infection, therefore, has been reduced to a minimum. If the case is somewhat advanced, the pustules on the face are opened with a sterile instrument, and each one is touched with the tincture of iodine, which immediately stops the destruction of tissue going on and reduces the possibility of scar formation.

CAMPHOR IN PNEUMONIA

A Tennessee correspondent asks about the hypodermic use of camphor in pneumonia. While this substance has long been employed as a stimulant during the stage of collapse of this disease, it is only within recent years that it has been suggested that it might possess a curative action.

A. Serbert (*Muenchener Medizinische Wochenschrift*, Sept. 7, 1909) has reported favorable results in this disease with hypodermic injections of freshly prepared solution of camphor in oil of sweet almonds (20 percent). He injected two syringefuls, every hour, into the outer aspects of the thigh, until eight doses had been given; this representing about 30 grains of camphor per day. All of his pneumonia patients so treated recovered.

In an article in *The Medical Record*, January 28, 1911, Dr. Leonard Weber, of New York, tells of his experience with this treatment in one case, that of a young married woman.

The patient had been treated with infusion of digitalis and other apparently indicated remedies, but as no improvement followed, the doctor decided to try the Serbert camphor method. The injections were given for four days, and decided improvement resulted within twenty-four hours. The following day the patient became conscious, pulse dropped to 90 and the temperature from 100° to 99° F. From that time on improvement was rapid, resolution occurring by lysis.

Dr. Weber states that when the injections of camphor were made aseptically, there was no pain or subsequent swelling, nor did he observe any irritation of the bladder, kidneys or stomach.

The number thus far reported is too small to make deductions, but the evidence is strong enough to warrant the use of this remedy in desperate cases, although, as a matter of fact, improvement is so rapid

under the use of the vascular equilibriants that few who employ this treatment will rarely have occasion to resort to the camphor.

QUININE AND UREA HYDROCHLORIDE AS A LOCAL ANESTHETIC

Dr. Wm. A. Boyd reports, in *Merck's Archives* for November (1911), ten cases in which he utilized quinine and urea hydrochloride as a local anesthetic. He found that enough time for anesthesia to become complete should be allowed, and suggests that an interval of at least twenty minutes should elapse between the injection of the anesthetic and the operation. In his cases postoperative anesthesia lasted on an average three days, and he failed to observe any dermatitis following its use. The preparation exerted a decided hemostatic effect, causing, however, in the majority of cases, some induration, but which usually had disappeared at the end of three months.

The author concludes that any operation usually done with cocaine can be done with this anesthetic, adopting the same technic; also, that this agent is preferable to cocaine, as being less expensive—and, the abstracter wishes to add, presenting less danger of intoxication.

THE DOSAGE OF SULPHOCARBOLATES

Dr. W. C. Goodwin, of Philadelphia, well known to our readers on account of his method of treating tuberculosis, writes us that he has recently been augmenting the dosage of the sulphocarbolates. He now gives them in 10-grain doses before and after feeding, making 20 grains at each feeding-time. Thus, if there are four feedings daily the patient gets 80 grains. In addition, 20 grains of the sulphocarbolates and 2-3 grain of calcium sulphide are given on retiring, say at 10 p. m., and this dosage is repeated two or three times during the night and at 6 a. m. This makes 160 to 180 grains daily.

This medication can be continued indefinitely, being well borne even by children twelve years old. The secret of the toleration is to mix the sulphocarbolates thoroughly with the saliva, for about two minutes before swallowing. If any reader of CLINICAL MEDICINE tries this dosage in his fever cases of tuberculous origin, Dr. Goodwin requests that the results be reported.

ARSENIC AND IRON IN ASSOCIATION IN CHLOROSIS

Dr. Fritz Seiler, of the University of Bern, has published the results of some very interesting clinical investigations on the relative merits of iron- and arsenic-therapy, respectively, and of the combined use of these two remedies, in chlorosis. He reports upon 37 cases which were observed in private or dispensary practice for a sufficiently long time to permit of conclusions, the criterion being the hemoglobin-content and the number of red blood-cells at the beginning of treatment and three or four weeks later. The results were as follows:

In 13 cases treated with arsenic alone the blood showed, at the beginning of treatment, an average hemoglobin-content of 36 percent and 3,000,000 erythrocytes. At the termination of the experiment the average hemoglobin-content was 39 percent; the number of erythrocytes, 38,000,000.

In 12 cases treated with iron alone the hemoglobin, at the beginning of treatment, was 48.6 percent; the number of red cells, 4,000,000. At the termination of the experiment the hemoglobin was 87.1 percent; the number of red blood-cells, 5,000,000.

In 8 cases treated with arsenic and iron in combination, the average hemoglobin content, at the beginning, was 37 percent; the number of red blood-cells, 3,000,000. At the termination of the experiment the hemoglobin-content was 96 percent; the number of erythrocytes, 5,100,000.

This observation demonstrates clearly the advantage of administering both arsenic and iron to chlorotic patients, and vindicates our contention of many years back as to the value of the triple arsenates as well as of iron arsenate alone in conditions in which the blood is deficient in

hemoglobin and in which the red cells are diminished in number.

THE VOMITING OF WHOOPING-COUGH

Dr. P. E. Hanes, of Argyle, Iowa, dropped in to see us the other day. Here is an interesting point which he gave us. Reading, in the December CLINICAL MEDICINE, about the successful use of calcidin for the vomiting of pregnancy, he was reminded of his experience with the same remedy in the vomiting that is so often a troublesome and even a dangerous symptom in whooping-cough. During the last year he has treated 200 cases of whooping-cough, so he knows something about it.

The doctor says that this remedy will control the vomiting, usually within thirty-six hours, and he has used it in cases where the patient could keep nothing on his stomach, and was greatly emaciated as a result. The dose is adjusted to the age of the patient, though there is little danger of giving too much. The remedy is dissolved in hot water, carefully stirred and given in teaspoonful doses, warm.

Dr. Hanes depends upon the alternate use of calcium sulphide and calcidin in whooping-cough, and his results have been all that could be desired.

PITUITARY GLAND FOR CHECKING HEMOPTYSIS

Dr. Carl J. Wiggers reports (*Archives of Internal Medicine*, 1911, July, p. 38) the results of a series of very interesting experiments, on dogs, concerning the effect of several drugs in common use for the treatment of hemoptysis. He investigated the effect on the systemic pressure, on the respiration, on the pulmonary arterial pressure and hemorrhage, and on the pulmonary venous pressure and hemorrhage. The drugs investigated were digitalis—especially alcohol-free preparations, namely, the official infusion, digitalone (P. D. & Co.), and digitalein (Merck); strophanthin, ergotoxin, pituitary extract, chloroform, and the nitrites. The description and discussion of the results obtained is very interesting and should be read in the original. For practical purposes his final results are of importance, which are as follows:

"Early in the course of hemoptysis, when the breathing has not altered except for an occasional cough, one is dealing practically with a normal subject, and the object of paramount importance is to reduce promptly the bleeding by means of drugs that lower the pressure within the pulmonary circuit. Investigation shows, (1) that this cannot be accomplished by vasomotor drugs such as nitroglycerin or nitrites, and (2) that cardiac depressants, such as chloroform and pituitary extracts, must be resorted to.

"If hemorrhage has continued until the heart is very rapid and the respirations accelerated, deep and forcible, it is an indication (1) that the heart and blood-vessels no longer react in a typical manner to certain drugs, and (2) that the anemia of the cerebral centers is being felt. During this stage it is important that the blood-supply of the brain be not reduced by the drugs which check hemoptysis. Hence, the drug that combines an ability to elevate systemic arterial pressure and simultaneously to lower that in the pulmonarycircuit is the ideal physiological agent to employ during this stage. In the entire gamut of drugs investigated, pituitary extract is the only one that possesses this fortunate combination of actions."

APOCYNUM CANNABINUM

A. J. Crance (*N. E. M. A. Quarterly*, 1911, Dec., p. 141) says that the effect of apocynum cannabinum given in small doses, 1 to 2 drops of the specific tincture every hour, is to slow the frequency of the heart when rapid and to increase its force or contractile power, thus resembling digitalis, but eliminating its vasoconstricting and cumulative action. Large doses, 20 drops repeated, cause vomiting and catharsis. Apocynum cannabinum is in so far a remedy in heart disease in that it has a favorable effect upon atony of the muscular constrictors and upon the laxity of the vessel-walls.

The Complications of Diabetes

DIABETES is such an occult disease that at times it does not show itself except when it is complicated (with some other trouble), as with furuncle, anthrax, gangrene, facial neuralgia, sciatica, ocular affection, dermatosis, alveolar periostitis, anaphrodisia, balanitis, and numerous other conditions. On such occasion the question both of diet and treatment becomes very uncertain, and therefore it is of the greatest interest for the clinician to establish as early a diagnosis as is possible. Feeling of fatigue, paresis, insomnia, cramps in the legs, looseness of the teeth in an arthritic or obese person past forty should direct the attention to the composition of the urine, especially if there be any hereditary taint.

Glycosuria presents a most uncertain basis for forming a prognosis and estimating the gravity of the diabetic trouble. Emaciation, loss of vital force and of the reflexes, the precarious condition of lungs, heart, and kidneys, or presence of acetone in the urine are indications of grave derangements. However, in youthful age and in the female sex we often meet conditions which obscure the prognosis. Pregnancy—fortunately very rare in diabetic women—is an aggravating condition for the mother, while often also causing the death of the fetus. Schottelius, who frequently observed diabetic coma in pregnant women, asserts it to be the duty of the physician to interrupt pregnancy in cases of diabetes. I do not share in this opinion, since the interference itself vouchsafes but very little satisfaction.

Hepatic insufficiency nearly always accompanies a somewhat prolonged case of diabetes. We should, therefore, suspect the existence of toxins which the liver may not be able to destroy, keeping watch over the aliments, which must always be perfectly fresh. Enlargement of the liver should be combated with granules of boldine, sodium salicylate, podophyllin, euonymin, and other appropriate remedies; these being administered when the patient complains of heaviness in the right hypochondrium and if, on palpation. the liver is painful. I also advise withholding of phosphoric acid in the treatment of diabetes, as it is apt to bring on congestion of the liver. Sodium phosphate and, above all, the hypophosphites, are to be preferred when cachexia necessitates the use of phosphorus, because these salts do not produce any notable derangement of the liver. Rudish has observed a number of times that small doses of atropine act favorably on the hepatic functions in diabetics, singularly facilitating the patient's tolerance of hydrocarbon foods.

Neuralgia and neuritis of diabetics affect the sciatic, the crural, and the intercostal nerves, the brachial plexuses, and often the extreme terminals of nerves, principally of the sole of the foot. It is above all the rigorous regimen that will triumph over the violent syndromic pains, which at times are most exquisite in diabetes. We should be cautious in cases of diabetic alcoholics, which are quite frequent, and should strive to remove this source of the evil. As to medicaments, I obtained good results from solanine, santonin, and aconitine. In the

treatment of the myalgias, arthralgias, and rheumatoid complaints of diabetics we must not neglect the use of sodium salicylate and of lithin [lithium salolophosphate], and so much the more since these medicaments serve so well to diminish the hyperglycemia. Let us remember, also, that uricemia and syphilis frequently complicate these various painful diabetic states, so as to constitute a hybrid disease which skilful selective treatment alone is capable of overcoming. I myself have seen in a diabetic patient lumbar myalgia of ten-years' standing cured with one localized injection of calomel, and which the astounded patient called a veritable miracle. He probably was afflicted with innocently acquired syphilis.

Obese diabetics are subject to hypertension and arteriosclerosis, with or without angina pectoris. These vascular complications are treated the same as in non-diabetics. At the same time, the patients are to be cautioned against the dangers of a too generous diet, against the use of alcohol, tobacco, tea, and coffee. In case of albuminuria, I give strontium lactate (4 to 5 Grams, in milk, per day; also granules of strychnine sulphate, quinine hydroferrocyanide, and iron arsenate, one of each three times a day. In the matter of diet, we should insist on fresh vegetables and milk, taken in small quantities at short intervals. Lumbar dry-cupping followed by friction with pilocarpine should not be neglected.

Fifty percent of diabetics die from tuberculosis, the bacillus of Koch proliferating marvelously in a saccharine culture-medium. The practitioner should not allow himself to be hypnotized by this grave complication. It is a mistake to discontinue the antidiabetic diet and treatment and give exclusive attention to the lungs, just because they are extremely sensitive to a rigorous combat against the case. We can not expect either to arrest or cause to retrograde this serious complication until we have obtained a noticeable amelioration of the general nutrition. Until then we have at our command the best agents against glycophthisuria in our dosimetric granules of sulphhydral [calcium sulphide], helenin, strychnine, the arsenites, tannin, and many more. But prevention is better than cure. Let us, therefore, strive to protect our diabetic patients against bacillary contagion, and above all recommend to them a life in the open air in the country, the best of all places for the combustion of the glycochemic sugar.

Diabetic coma is not an initial complication, but overtakes diabetics, long affected, after unusual fatigue, violent emotions or surgical operation. Neither insufficient alimentation nor a forced animal diet seem to obviate the development of this complication of diabetic coma. Prodromata of this state are a feeling of sadness, vertigo, backache, diminution of urine, odor of chloroform in the breath; these being quite constant signs. Then there appear a sighing dyspnea but with absence of stethoscopic signs, nausea, vomiting, diarrhea, garrulous delirium, excitement. A more advanced condition is characterized by depression, apathy, somnolence, and, lastly, complete coma, loss of motion, of sensibility and consciousness, anuria, and progressive lowering of temperature. Death supervenes generally in the course of from one to four days; but there are cases where alternating improvement and relapses postpone the final end.

It is generally admitted that diabetic coma is due to an acid intoxication. The exclusive theories of acetonemia and diacetic and oxybutyric intoxication seem to be untenable inventions. There have occurred, however, some recoveries by alkalization of the blood by means of large doses of sodium bicarbonate (100 Grams!) given by mouth, in enemas, and intravenously. We should begin, and continue, with smaller doses for some weeks. Coprostasis is combated with a saline laxative, which assists the alkaline cure and by the liberation of the carbonic-acid gas through the decomposition of the bicarbonate. The addition of lime water, oatmeal porridge, together with butter (recommended by Von Noorden), a wise limitation of albuminoids, staying in bed, inhalation of oxygen, brisk frictions, and other indicated measures will protect the patient against fatal relapses. In case of persistent gastric

troubles we should not hesitate to wash out the stomach with alkalis. Lastly, there is one antidiabetic medicament in use which one should avoid as he would the pest, and this is antipyrin. I have many times seen it to bring on coma as a complication. —Dr. E. Monin, in *La Dosimétrie* for September, 1911.

ANCIENT WRITING PAPER

B. Kobert has published an article on ancient writing paper, in *Papier-Fabrikant*, from which the following is an excerpt.

Genuine ancient writing paper was discovered in the last ten years in the oasis of Turfan, in eastern Turkestan, the same being dug out from the sand. There are various kinds of writing material, viz., birch paper, palm paper, and true felted paper.

The birch paper was genuine birch epidermis. This whitish, easily detached layer was cut into appropriate sheets, in Turkestan, in the early part of the Middle Ages, perhaps earlier, being mostly three inches wide and about twenty centimeters long. The uniform white of the leaves is interrupted with darker lenticells. No finishing dressing of the writing surface was done. By dry heating of the birch-bark paper Dr. Kobert obtained, on the microscope slide, beautiful needle-shaped crystals of betulin camphor.

The second form of writing material was made from the leaves of the talipot-palm. The palm leaves were soaked in milk until soft, then pressed and cut into small oblong quadrangular pieces. The use of this paper can be traced back to the year 450. In India this paper is used to some extent, even at the present time, in letter writing.

In the genuine felted paper the fibers of the paper-mulberry tree and those of a certain boehmeria play the greatest part. The specimen examined was not much larger than a quarter of our writing sheets. It bears the superscription "T. J." and a date which, according to Chinese calculation, corresponds to our year 399. Most of the fibers are from the boehmeria. A plant fragment also was isolated which certainly is a piece of the gluten layer of a wheat kernel. With potassium iodide there can be recognized on the surface of the paper well-preserved and not pasted-over large and small starch-kernels. Under the starch layer there is one which gave the pentose reaction. Here very likely some lichen-mucus is concerned. It seems certain, therefore, from this that the paper was smeared over first with a transparent adhesive mass before it was strewed over with starch, and this finally was submitted to strong pressure.

This paper has kept faultlessly since the seventeenth century. This fixation of date permits, therefore, the conclusion that during the last century of the middle age the technic of making well-keeping writing paper was known, and this presupposes an antecedent development during preceding centuries. The time of the invention of paper ought, therefore, to be put not later than the second century.—*Apoth. Ziet.*, 1911, p. 598.

MORPHINE FOR COMBATING ACUTE CORYZA

For acute coryza, Dr. Volland, Switzerland (*Therapeutische Monatshefte*, 1911, October), advocates the administration of from 1-10 to 1-6 grain of morphine hydrochloride. He says that this acts very promptly, relieving at first the incessant desire to sneeze, and then diminishing the secretion remarkably, while the feeling of pressure in the frontal sinuses disappears. The next day only slight symptoms of coryza remain, and the author claims that the attack, when treated in this manner, never lasts long, does not affect the larynx, trachea or bronchi, and that the small dose of morphine actually aborts the affection. Dr. Volland's assertion is partly supported in a footnote added by Prof. Heubner (editor of the journal named), from his own personal experience. Presumably only a single dose is given. The remedy is not one with which the laity should become familiar. The conjoint use of atropine, the administration of a brisk purgative, and "keeping the feet warm and the head cool" will suggest themselves.

Dr. Wiley Visits Chicago

WE had the pleasure of hearing Dr. Harvey W. Wiley's address before the Chicago Physicians Club, on the evening of December 8 last. It was witty, thoughtful, stimulating, hopeful, and replete with the fighting spirit that has made it possible for Dr. Wiley, almost alone, to revolutionize the conditions governing the production and sale of food products and drugs in this country.

As the Doctor said, it was a "double-barrel speech"—two speeches (each of them a gem) rolled into one. Forty years ago he entered the medical profession. He is proud to be one of us, and he gave expression to that pride in no uncertain terms. As he pointed out, there is no other class of men doing so much to prevent disease as this body of ours, the members of which must make a living by treating disease. There are not one hundred doctors among the 120,000 in this country who would deliberately work for ill-health in order to profit by it. The character of our men is high—none higher—and their work essentially unselfish.

Who is it and what is it, Dr. Wiley asked, that is building the Panama Canal? Not Colonel Goethals, in spite of the recognized brilliancy of his work; not the engineers; not the thousands of working men, skilled and unskilled; not the great steam shovels or the wonderful dredges; not even the almost inexhaustible financial resources of Uncle Sam. The American doctor is building the Canal. He is the man who has made it possible—who has made life not only *livable* in Panama, but has even made that wretched, disease-infested tropical jungle a health resort—more healthful today than most of our great northern cities.

Doctor Wiley plead for a broader and bigger spirit among us. He doesn't like that word "allopath", and he voiced the pious wish (in which we heartily join) that he could "get that word out into some quiet corner, where the police couldn't see us, and 'club it to death.'"

He is a "panpath," one who believes that the physician should be prepared to subscribe to the following oath: "I do promise before Almighty God to do all I can for suffering humanity." The panpath is big enough to use homeopathic methods, if they seem to him the best; with the hydropath he will use water when and where it is indicated; with the osteopath, manipulation of the bony skeleton; with the psychopath, he will minister to the mind diseased.

And he believes in drugs, and believing in them he feels that we are all agreed that drugs should be what they are represented to be. Every person in this country is interested in pure drugs and in pure foods. The physician, especially, should know more about the latter.

Some time ago Wiley coined the word "bromatotherapy"—to cover the main principles of dietetics in medicine. How much does the average doctor know about this subject? Unfortunately, very little. There isn't a medical college in America that maintains a chair of bromatotherapy—and yet there is no subject in which the physician needs so much training, on account of its vital connection with prophylactic medicine.

In discussing the Food and Drugs Act, Dr. Wiley spoke of its defects, of the great financial interests exerting themselves for its nullification. An effort will be made to strengthen it in the present Congress; an effort made necessary by the recent ruling of the Supreme Court of the United States regarding the false claims of patent-medicine venders regarding the "cures" to be effected by their remedies.

That the profession and public appreciate Dr. Wiley's work was brought out pretty clearly in the discussion of his address. Dr. George B. Young, our Commissioner of Health, suggested the extension of the work of the Agricultural Department to the supervision of interstate commerce in milk; Dr. A. L. Winton, of the Government Food Laboratory at Chicago, described the work of watching the food and drug supplies. Chicago is the Nation's greatest food-center, and the work here is not small, but he has found manufacturers generally anxious to cooperate with him—the main opposition coming from the "guerillas" on the "hills" round-about. He made it plain that manufacturers generally are anxious to do the right thing—and will do it when shown. And this we know to be true.

Among the other speakers were Dr. John A. Hornby, of Michael Reese Hospital, who spoke of the dangers from cold-storage foods; Dr. George H. Simmons, who gave tribute to the essential unselfish character of Dr. Wiley's work, telling how money was being spent to undermine it and injure the man himself; and Mr. James Keeley, managing editor of *The Chicago Tribune*, who made some interesting remarks regarding the position of the great dailies of the country in the pure-food movement. The comments of the toastmaster, Dr. Frank Billings, from time to time, were pointed and pithful.

For ourselves: we believe in Dr. Wiley and his work. While we have taken little part openly in the controversies over the enforcement of the Food and Drugs Act, we have been glad—are glad—to give it our frank endorsement, with such support as is possible, and seems needful, in our field.

As to the classing of earnest manufacturing pharmacists, doing the best they can in the light of our present knowledge to prepare reliable tools for the use of the physicians, even though they may technically err now and then, with the well-known and rank fakers going by the profession to the people, we do not think it right. Those who are in ethical lines, who mean well and who will get right when shown, should be "shown" and given a show for their white alley rather than to be "shown up," tarred with the same brush that is so properly used on the fraud and the faker.

The movement for better, cleaner, more wholesome food-products, and for honesty in the preparation and selling of drugs, is one to which we are glad—proud—to pledge our heartiest support. May it go forward—and may Dr. Wiley long be spared to lead the advance guard.

A SIMPLE OPERATION FOR HEMORRHOIDS AFTER CHILDBIRTH

Many women are greatly troubled by hemorrhoids which protrude following an obstetrical delivery, especially where the latter has been prolonged or accomplished by the use of forceps. These hemorrhoids, when they first find their way outside the sphincter and appear externally, are usually small but exceedingly painful, and occasion the patient much suffering. They are replaceable with more or less difficulty and pain, but soon protrude again. If this condition be not soon relieved, the sphincter contracts tightly, causing venous stasis, and the hemorrhoids become more and more engorged with blood until sometimes the mass reaches the size of an egg, or even larger. If unrelieved, thrombosis, ulceration, gangrene and sloughing take place.

Formerly I treated these cases by cleansing the protruding hemorrhoids, anesthetizing them by an injection of quinine and urea hydrochloride, and a few minutes later injecting 2 or 3 drops of pure phenol into the center of each tumor; then gradually pushing the mass in past the sphincter, inserting a suppository of belladonna and

opium, and applying a pad and T-bandage. But, while most of the women complained of but little pain following this procedure, in others the pain was excruciating, and frequent injections of ice-water were about the only measure which gave relief.

Recently I have used the following treatment: The cleansed hemorrhoids are injected with novocaine and adrenalin. With a stout linen thread each hemorrhoid is then ligated at its base. After a few hours the tumors become very dark in color, showing that the circulation is completely arrested. With a mouse-tooth forceps each hemorrhoid is then lifted up and cut off, at the point where the ligature was applied, by means of curved scissors. (I use Dean's tonsil scissors.) The small raw spot left after the removal of the tumor is touched with pure phenol, followed by alcohol. This completes the operation, without having given pain to the patient. This procedure is free from danger, it is effective, and it has the added virtues of facility and simplicity.

W. C. Wolverton.

Linton, N. D.

TOBACCO

Tobacco is the most widely used narcotic in the world. The annual crop is estimated at 3,000,000 tons. This country devotes about 600,000 acres to its cultivation. The government's revenue from tobacco for the year 1909 was $57,889,351—an increase over the preceding twelve months of $6,002,173. The greatest increase of any one product was in cigarettes, this amounting to 1,766,583,714. *The Literary Digest* of August 27, 1910, gives the number of cigarettes on which revenue was collected as 7,874,300,329. The number of cigars manufactured is still greater, being 8,139,030,144. Chewing tobacco takes third place, and there are nearly 32,000,000 pounds of snuff consumed in this country each year.

The use of tobacco apparently was learned from the aborigines and was introduced into Europe by the early voyagers, although it is claimed by some that it was cultivated in China at an earlier date. While it is so universally used, I do not find that its use is credited with any benefit to the race, while there are numerous charges against it.

Thus it is said that tobacco is the principal cause of arteriosclerosis and of amblyopia; that it produces functional disturbances of the heart, also hypertrophy and dilation, and that it is a heart depressant. I find one case of convulsions accredited to its use, that being cured by stopping the tobacco. It is claimed that it produces atheroma; that it retards mental and physical development in childhood and youth, and is highly injurious at all ages; that excessive smoking predisposes to pneumonia, grip and pulmonary tuberculosis, and that fatal results are more apt to occur; that it produces neuritis and neuralgia; that it causes epithelioma; that it is a cause of apoplexy.

Further, it is stated that in many cases of nervous breakdown attributed to overwork, the excessive use of tobacco has certainly been an important etiologic factor. I also find the question raised as to whether any have the moral right to puff its nauseous fumes into the air of our streets where others must inhale its poison; and many advocate prohibition of smoking in all public places. A committee appointed by request of the French government reported that tobacco should be regarded as possibly dangerous at all ages, and especially in youth.

Tobacco is a frequent cause of myocarditis. Chewing and snuffing tend to produce gastralgia. Smoking, neuralgia of the fifth pair of nerves. The practices render the vision weak and uncertain, and in numerous cases have produced amaurosis. Tobacco irritates the mucous membrane of the mouth and throat, rendering it habitually congested, and destroying the purity of the voice.

Nearly all that are addicted to the use of alcoholics are first users of tobacco. As tobacco is a vasoconstrictor, and alcohol a vasodilator, the use of one in a measure counteracts the effect of the other on the circulatory system, and I think we can safely credit tobacco as being one of the principal causes of dipsomania.

While considerable has been written on the effects of tobacco on the habitual user, the effect upon his progeny has not, so far as I know, been systematically studied; but is it not reasonable to expect that, both physically and mentally, they will be adversely affected? I know that many able men use tobacco; but I also know that among what are termed the lower classes its use is almost universal. The fellows that I see working out their fines on the rock-pile are users of the weed.

A French writer attributes the defeat of his nation, in the war of 1870, to the prevalence of cigarette smoking. Probably seventy-five percent of the fires in buildings are caused by careless smokers.

That the use of tobacco is coming to be recognized as an unmistakable evil is shown by the fact that legislatures are passing laws to restrict its use. Corporations have decided that they cannot trust cigarette smokers with responsible positions. Religious organizations are inquiring into the tobacco habits of those that would enter into the ministry. At the University of Nebraska and the University of Illinois, the use of tobacco on the University grounds is prohibited. And now I wish to ask whether the medical profession, the medical schools, and the licensing boards are measuring up to what the public has a right to expect of them?

E. Smith.

Lawrence, Kans.

ACTIVE PRINCIPLES AND THEIR ADVANTAGES

The following is a copy of a paper read by the undersigned before the Grand Traverse (Mich.) Medical Society, on August 1 last:

Gould defines alkaloids thus: "All nitrogenous vegetable compounds of basic and alkaline character, or their derivatives. They are chief constituents of the active principles of the vegetable drugs employed as medicines and poisons. Those alkaloids containing no oxygen are generally liquid and volatile; such are nicotine and coniine. The others are solid, crystallizable, and nonvolatile."

The first alkaloid to be isolated and studied was morphine (in 1806), while quinine was prepared not long after; and new ones are constantly being separated from crude drugs and their physiologic actions proven.

I like to use the alkaloids in preference to tinctures, fluid extracts or powders first of all because in the granule form they are so convenient to carry; further, they are, in that form, pleasant to take; there can be no evaporation or precipitation as in fluids, so the dosage is accurate—and the action of the active principles is definite. For instance, in opium (whether in substance or in liquids) the active principle morphine varies all the way from 2 1-2 percent to 23 percent, while when using the isolated alkaloid we know just the amount we are giving and, allowing for idiosyncrasies, are certain of the results.

If pain is the factor to be reckoned with, we usually choose morphine out of the opium group of alkaloids, and give sufficient of it to insure for the patient rest. However, next day the patient complains of headache, dulness, digestive disturbance, diminished appetite, and constipation, and these symptoms are almost as disagreeable as was the original pain. Morphine will suppress a cough, but its effects, as a rule, are so unpleasant that we are glad to have the other alkaloid from the same group, namely, codeine, which is present in crude opium to the extent of only about 0.6 percent.

Codeine relieves cough even better than morphine, while the disagreeable after-effects are far milder. Brunton and Flund claim that codeine has a specific effect in relieving pains of the intestines and ovaries. It is also used with good results in diabetes, both mellitus and insipidus, as it lessens the excretion of urine and output of sugar.

In the following I will discuss briefly my favorite remedies among the alkaloids, and their uses.

First comes aconitine. When a patient has a high fever, indicating active congestion in any tissue, with frequent pulse and dry skin, he needs to have his circulation equalized, and aconitine does this by reducing the heart action, lessening the

amount of blood thrown into the arteries, and removing the vasomotor spasm in the skin and elsewhere and allowing the blood to flow back naturally, thus relieving the congested areas.

The standard granule is gr. 1-128 (Gm. 0.0005). In adults I give first an active cathartic, then I begin my aconitine, one granule every fifteen minutes for an hour, then every half hour until the skin is moist, or the throbbing headache relieved, or the pulse-rate dropped to 90, or the temperature to 102° F.; and then give 1 granule each hour until relief.

In children I use Shaller's rule, one granule for each year of the child's age and one extra, these dissolved in 24 teaspoonfuls of water, giving as above. In the eruptive fevers aconitine is helpful in "bringing out" the rash, and that is a big relief to the anxious mother. Aconitine is helpful in sthenic cases, given in connection with veratrine, gr. 1-128, and digitalin, gr. 1-64; strychnine replacing the veratrine in asthenic cases.

Apiol, gr. 1-64, I have used in amenorrhea with good results, and find that aconitine is an aid in congestive conditions.

Arbutin is not an alkaloid, but a glucoside derived from uva ursa, wintergreen, pipsissewa, besides from other species of arbutus. This has done more good service in cases of albuminuria when pus is present, both in acute and chronic cystites. I also use it as a diuretic in fevers, combining it with aconitine. In one case of bacilluria, where the infection was the colon bacillus, arbutin brought good results after little or no improvement had come from the autogenous vaccine.

Atropine is my first thought in acute coryza, given alone or in combination with aconitine, morphine and calomel, as in the popular coryza granule. In small doses, like 1-1000 grain, repeat every fifteen minutes until dryness of nose and throat is felt, then give one every hour or two to maintain this slight physiologic effect for twenty-four hours. No more "juicy nose" will be noticed. Atropine is also my first thought in dysenteries and diarrheas where the skin is cold and moist and there is much tenesmus. I have used it with good results in hemorrhage from abortion, when a hypodermic of a full dose sent blood to the cool, moist, pallid skin and lessened the uterine oozing. Atropine is of use in neuralgias, either alone or in combination with aconitine and gelseminine. I also use it in muscular spasm, but prefer hyoscyamine in strangulated hernia and also in colics. It seems as though there is no other one alkaloid that has such a variety of uses as atropine—it is surely worth experimental study from all of us.

Bryonin is a glucoside. It is my first thought in pleurisy, painful joint inflammations, and in congestion of the liver. A standard granule is gr. 1-64 (Gm. 0.001).

Caulophyllin is a concentration from the blue cohosh (squaw-root, papoose-root). This has many applications, but I find it most helpful in confinement cases where there is rigidity of the os. I have had a number of cases something like this: Patient sends word that the membrane had ruptured. I reply, "Send for me when the pains come ten minutes apart." The question is asked, "When should they begin?" "Oh, inside of twelve hours." After twelve hours the word comes there has been no change, so I say I will go anyway. Examination shows the os slightly dilated and there are pains of varying intensity at irregular intervals of ten to thirty minutes. Then I get out my caulophyllin granules of 1-6 grain each, dissolve a half dozen in as many teaspoonfuls of hot water, and give a spoonful, in ten minutes a second dose, and in ten minutes more a third one. By this time the patient will begin to groan, when I give the doses less often until the pains are well established and regular, and examination after an hour of such pains is apt to prove dilatation rapidly progressing.

Caulophyllin is best when the os is thick. It helps dilatation and strengthens the pain, but gelseminine is a preferable remedy for a thin, rigid os, where the tissues are dry in the vagina.

Cicutine is the alkaloid from conium and is one of the antispasmodics. I have found it of use in twitching of the facial muscles, but the most marked result was in a severe case of chorea this summer. Here I gave

cicutine and zinc cyanide in alternation, one granule every two hours, and saw marked improvement in two weeks. This patient was not given any arsenic at all, and only one other remedy, magnesium phosphate, which I gave for neuralgic pains about the chest. The sedative effect being more marked when the latter was used, I lessened the frequency of the cicutine granules and continued the magnesium phosphate, until good muscular control was gained and the patient discharged.

Colchicine has served well in the beginning of rheumatic fever and in acute gouty conditions. I usually combine it with phytolaccin and bryonin, a granule of each every two hours the first day until catharsis results, then at gradually increasing intervals, until the attack is well over.

Dioscorein, a concentration from the wild yam, is my first thought in colic. I use it alone in chronic cases where there is a complaint of pain in the abdomen, while in biliary colic I use hyoscyamine, strychnine, and glonoin in addition.

Gelsemin or gelseminine—either one—is my first thought in neuralgia of the fifth nerve. I like these also in bladder irritability and in a rigid os that is thin and dry.

Hyoscine I have not used much alone, but like it very much in combination with morphine and cactin, especially in labor. I consider this combination indicated in labor where the pains are severe but dilatation of the cervix is slow. A hypodermic of 1-8 grain morphine, 1-100 grain hyoscine, and 1-64 grain cactin, repeated if needed after an hour or two, lets the patient rest, perhaps sleep, between labor-pains, and the dilatation goes on much more rapidly than before the administration.

Hyoscyamine I prefer to atropine in vesical tenesmus, and have had marked results in sciatica to relieve twitching of the muscles. In combination with strychnine and glonoin I have had good results with hyoscyamine in biliary colic. In one case of stricture in the bowels 3 or 4 granules of hyoscyamine a day allowed good evacuations, and the patient says they act like a laxative and more agreeably.

Phytolaccin is a concentration from poke-berry. I have spoken of its use in rheumatism. I also use it in sore throats, in goiter, in lymphatic enlargements, and in mastitis. I have found that it increases the saliva and intestinal secretions, and have had good results in certain forms of constipation.

Podophyllin is good in constipation where there is dizziness, coated tongue and bitter taste, and jaundice with clay-colored stool. It is a stimulant to the sympathic nervous system, acting on the parts supplied by the solar plexus. I have learned that it is best given in doses not over 1-12 grain, and I frequently give the 1-12 in divided doses along with small doses of calomel.

Strychnine is an alkaloid in almost daily use with me either alone or in combinations. In acute sickness where fever is present I like it in small doses, 1-128 grain of the strychnine arsenate repeated every hour or two until the desired tonicity has been secured. It is a good adjuvant to digitalis and aconitine and also to the antispasmodics in colics and dysurias and dysmenorrheas.

Veratrine should be given only after first emptying the bowels, then giving (gr. 1-128) frequently, either alone or with digitalin, aconitine or strychnine. It is rapidly eliminated through the kidneys, skin, and intestines. SARA T. CHASE.

Traverse City, Mich.

NEW DIAGNOSTIC NERVOUS SIGN

Dr. Charles Gilbert Chaddock, of St. Louis, in the July, 1911, number of *The Interstate Medical Journal*, describes a new diagnostic measure, which he calls "the external malleolar sign," and which, in many particulars, resembles the well-known Babinski phenomenon. The Chaddock sign is obtained by irritation applied just beneath the external malleolus. In normal individuals this produces no response, but in organic disorders of the spinecortical reflexpaths it is followed by extension of one or more of the toes.

Dr. Chaddock has been able to elicit this phenomenon in cases of general paral-

ysis, in skull fracture, transitory unilateral brain lesions, in old hemiplegias, in undetermined brain lesions, single and double, and in some cord lesions. He has never found it in peripheral lesions or in unmixed tabes. He is now studying it in paretic dementia and in infants.

Dr. Chaddock says that usually the most sensitive point is a slight depression just in front of the lower point of the external malleolus and behind the tuberosity of the cuboid. The amount of irritation necessary varies greatly. Fanning the toes sometimes helps to elicit the phenomenon.

ATROPINE IN UTERINE HEMORHAGE

September 16, 1911, I was called to see Mrs. W., aged 35, mother of six children. Two and a half years ago she had an operation for cyst of the spleen and pancreas. Eighteen months ago she gave birth to a boy, now living. Last menstruation occurred July last. On the date named I was called on account of "flooding." Whether she had had an abortion or it was simply a case of menorrhagia I could not determine. I found the bed soaked with blood; patient pulseless; cold extremities; clammy perspiration; nausea, vomiting of bilious matter; pupils dilated to extreme size; periods of unconsciousness; thought she was dying.

I gave, hypodermically, glonoin, gr. 1-100, and strychnine sulphate, gr. 1-50, and after ten anxious minutes could feel the pulse plainly. I then gave atropine sulphate, gr. 1-100, which dose I had to repeat in thirty minutes. An hour after the first dose of glonoin I gave a second 1-100 grain, with atropine, 1-100 grain. I also injected 2 ounces of normal saline solution subcutaneously, as the flow had stopped, yet fearing dissolution from loss of blood.

The patient now complained of dryness of mouth, extremities began to get warm, the clammy skin became dry, and I felt the victory was won. I saw her six hours later (having already been with her five hours) and found her in good condition, but weak. Needless to say, the uterus was flushed, besides other measures, but to no avail in checking the hemorrhage until the atropine was given. These seem like enormous doses, but I deemed them necessary, and results proved I was right. The patient steadily improved.

A. A. Nefe.

Lookout Mt., Tenn.

THE DOCTOR'S REMUNERATION

The article by Dr. Lewis H. Freedman of Cromwell, Texas, in the October number (page 1092) is as true as anything can be, and I am glad that there are some doctors who see things as I do. I was afraid that maybe I was not charitable enough.

I feel sure that the people as a whole have the wrong idea as to the doctor's true condition. They are sincere in their belief that the doctor always has plenty of money—"He doesn't really need it"—so they are slow about paying him.

We, as doctors, can talk about these things through the medical journals, but the laity does not read it, so they are not enlightened. It seems to me, if articles written by competent men, fully explaining the whole situation and published in the most widely circulating magazines and newspapers so the people could fully understand, that it might "help us out."

E. B. D.

——, Ohio.

THAT ARMLESS AND LEGLESS BABE

Many of our subscribers will remember that in the June, 1909, number of Clinical Medicine, Dr. E. E. Allenbaugh, of Huff, Ind., described an armless and legless babe, which was born in his practice, a picture of it accompanying his article. As we have from time to time received inquiries concerning this little one, we wrote Dr. Allenbaugh, enquiring whether it was still living. In reply we received the following information:

"In answer to your question I will say that the baby lived and grew rapidly until about two and one-half months old, then it began to lose flesh and died in about ten days. I am of the opinion that it was lack of nourishment that caused its

death; I could find nothing else the matter. It just simply dried up and quit breathing; it looked as if it were a hundred years old."

While it may seem a hard thing to say, yet, after all, it undoubtedly was the very best thing for that poor little one, that its life was taken away.

A FEW OBSTETRICAL HINTS

Remember that the annoying, useless, nagging, "cutting" pains of the primipara, and for that matter of the multipara, may often be alleviated or converted into labor contractions by means of a warm enema of one quart of hot water with an ounce of glycerin

In Crédé's expression-method of delivering the placenta, be sure that the pressure is made in the right direction, from side to side or front to back, or all of these combined, and not from above downward alone. A little consideration of this point will show its importance.

Do not let a patient go through the process of labor when each good contraction is accompanied by an expression of some of the contents of the bladder. Just use the catheter —more pleasant for all parties involved.

Be sure that the good old well-meaning midwife's hands are kept on the outside of the cover. The importance of this may be kindly but firmly explained to her.

In practically all the cases of puerperal fever in patients whom I attended throughout parturition during a period of twenty-seven years, I have satisfactorily been able to trace the cause to myself. Fortunately such cases are now much less frequent than formerly; but getting into the habit of investigation in these cases led to a habit of being careful to prevent this disease, the occasion of which means that somebody is at fault.

It is wonderful how the ingestion of one or two drams of nicely flavored castor oil taken two or three times a day during the last month of pregnancy helps matters in many cases; and if it can be taken, just watch the influence of one large dose in a labor which threatens to be unusually prolonged in a multipara from the influence of rigid os or partial uterine inertia.

The position of the patient who wears an abdominal supporter or binder during the last month of pregnancy, when this is applied, is of the utmost importance. The patient should have the same put on snugly while lying with the hips well elevated, and on no account should it be applied while she is in the uprignt position or lying flat on the back or side. Always be sure that your patient thoroughly understands this, and many will wear these useful articles who now do not through not knowing this.

Geo. Harwood.

Johnson City, Tex.

ON THE THERAPEUTIC USES OF CAMPHORATED OIL

Dr. Volland, a well-known phthisiotherapist, calls attention, in the *Therapeutische Monatshefte* for October, to the subcutaneous use of a 10-percent camphorated oil in the treatment of pulmonary phthisis, which he first advocated in 1906, and which has since proved to be "the best supportive measure in the treatment of patients with lung diseases." Many of these latter who had experienced, during their stay in Davos, the favorable influence of camphor upon their well-being, continue the use of the injections at home and assist thereby in maintaining their condition.

The author sees indications that this old remedy is again coming to be appreciated more and more. Physicians no longer wait, in acute diseases, until serious cardiac weakness develops so that the patient succumbs in spite of injections of camphor; but they try to prevent such complications in good time, a proceeding which is particularly advisable in all cases of pneumonia.

The idea that injections of camphor, as in years gone by injections of musk, are a bad prognostic sign is very prevalent among the laity and the author has found that the families of his patients frequently are alarmed if they are told of his intention to administer the camphor treatment. Such fears must be calmed and their needlessness explained before the patients agrees to the treatment.

Surgeons appreciate the value of camphorated oil; they put it into the abdominal cavity after severe laparotomies, in order to prevent peritoneal adhesions and cardiac crises.

Of all the auxiliary remedies which are in use in phthisiotherapy, camphor has the advantage that it never does harm, that it is borne easily, without any disagreeable symptoms, even in large doses, such as the author administers with excellent results in severe pulmonary hemorrhage, i. e., from 24 to 30 Grams of the camphorated oil in twenty-four hours. He does not decide whether the remarkable antihemorrhagic action is to be attributed to the camphor or to the oil, but suggests the possibility that the subcutaneous administration of oil in generous amounts might of itself act similarly to injections of white gelatin, which are recommended in internal hemorrhage.

The author's experience with camphor leads him to assert that subcutaneous injections of camphorated oil, even in large doses, do not exert any toxic action whatever.

In the original communication on the subject (*Therapeutische Monatshefte* 1906, February, abstract in *British Medical Journal*, Epitome) Volland reported that he had for nine or ten months made use of injections of 10-percent camphor oil in the treatment of cases of phthisis complicated by a weak rapid pulse, a regular but weak pulse, or by an irregular or unequal pulse. He used the camphor in large doses, in some cases giving as much as 0.4 Gram of camphor in the twenty-four hours. He asserted that the injections can be given every day for weeks or months without intermission, and he expressed his opinion that it is only by the use of large doses given for long periods that a marked and permanent effect upon the heart can be obtained.

SUPERFECUNDATION

The Philadelphia Ledger (Aug. 28, 1911) has an item describing the twin babies born of supposed-to-be full-blooded negro parents. One of these babies is a typical daughter of Ham, the other as white as any Caucasian, with straight hair, blue eyes, pink nails, aquiline nose (or the promise of one), and all the other physical signs of the dominant race.

Query: Is this a case of superfecundation, or is it one of atavism? As the mother died at the time of the child's birth she can throw no light on the parentage of baby No. 2.

Have any readers of CLINICAL MEDICINE seen similar cases, and how do they explain the phenomenon?

THE DOCTOR'S DREAM

Far down the quiet street a clock struck midnight.
Before a littered desk a surgeon sat,
His lamp turned low, and thought of when he first
Began his work; how crude and poor those days
Had been his art; but now how changed it was.
He thought of those to whom all this was due,
Of Lester, Jenner, Sims, Pasteur, and Gross—
Those gallant men who led the van of progress.
For every man Napoleon killed, a score
Of lives their work had. saved. Nathless, few wreaths
A thankless world upon their graves had placed;
And from the books that children scan, wild tales
Of blood had crowded out the deeds of mercy.
Anon a change had come, and saving men
Was held of higher worth than killing them.

* * *

His vision faded as the clock struck one,
He woke to find War still man's highest god.

WILLIAM KISTLER HUFF.
Orono, Me.

HOW I TREAT FOLLICULAR TONSILLITIS

The cause of tonsillitis has often been assumed to be rheumatism, or the "uric-acid diathesis." It is possible that this may be true in certain cases, but the great majority are due to local infection from the germs which are liable to be present in the mouth. When rheumatism accompanies tonsillitis I am inclined to think that it is an effect rather than a cause.

Follicular tonsillitis, the most common variety, is due to infection of the crypts or sinuses of the tonsil, sometimes as deep as three-quarters of an inch. These cases are often treated most inefficiently, with the result that the disease is prolonged much longer than its necessary duration. Gargles never penetrate the crypts, and internal medication alone is too slow to be of much value.

With proper cleansing and drainage of the infected tracts the disease should clear up in a very few days. Under full illumination from the head-mirror, I bore into the crypts with a cotton-wound applicator saturated with hydrogen peroxide, repeating the process till the sinus is clean. The cotton should be wound on the carrier very tightly.

After cleansing, I apply the following solution to the sinuses: iodine, 1 dram; potassium iodide, 4 drams; glycerin to make 5 ounces. The cleansing, and the iodine applications, can be made twice a day.

Instead of gargling I have a fountain-syringe placed at a considerable height, and from this a hot salt or boric-acid solution is thrown against the tonsil, the patient holding his breath as long as possible. The tongue should be depressed by a spoon, and the water allowed to flow from the mouth into a basin held in the lap. This washing can be repeated every hour. By this method the inflammation is treated the same as a phlegmonous condition elsewhere, and with the same good results.

General treatment may undoubtedly have a good effect, and need not be neglected, but persistent local treatment accomplishes more.

H. O. Carrington.

New York City.

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[We wish to commend Dr. Carrington's excellent local treatment of follicular tonsillitis. It certainly leaves little to be desired and it will surely appeal to our readers through its simplicity as well as through the fact that it is good common sense. After all, the best things in medicine are often the simplest.

As the doctor says, however, general treatment should not be neglected. There should be early elimination with calomel, (with or without podophyllin), in divided doses, followed by effervescent magnesium sulphate. Calcium sulphide, if given early and in sufficiently large doses, so as to secure complete saturation, will sometimes abort and usually cut short the course of the disease. If there is fever, aconitine is indicated, and it is an excellent plan to combine it with atropine. Calx iodata is also almost always indicated, either taken with or alternated with calcium sulphide. The combination of aconitine, bryonin, atropine and biniodide of mercury, often works very nicely. If the resistance is low, give nuc ein solution.

Perhaps one reason why onsillitis has been considered rheumatic in origin is, because relief is often secured by full doses of sodium salicylate or aspirin, however indistinct the et ologic relationship between the two diseases. We are inclined to believe with Dr. Carrington that in the majority of cases, at least, follicular tonsillitis is a disease *sui generis*, directly dependent upon local infection.—Ed.]

"SUCCESSFUL MEDICINE"

A new journal that is decidedly different from any yet published, and that seems to have a good field and a big field all to itself, is Dr. Henry R. Harrower's *Successful Medicine*. Dr. Harrower calls it "A Journal of Commercial Medicine," and its frank purpose is to help doctors to make (and presumably to save) more money. Now, if there is any class of men (and women) in the world that needs help of that kind it is the doctors, so I feel sure that the journal will make good from the start.

I have just been looking over the first number, and was especially interested in the symposium of "Why Is the Remuneration of the Doctor so Low." It is worth reading several times, especially since such men as E. E. Montgomery, Isadore Dyer, J. H. Carstens and C. F. Wahrer are contributors to it. In the next issue there will be a paper on the same subject by Dr. W. C. Abbott, which is *different*, anyhow. Maybe some of you will want to see it.

The price of *Successful Medicine* is only 25 cents a year, and it is obtainable at 60 W. Randolph St., Chicago.

VARICOSE ULCER. OZENA. OTITIS MEDIA

I have been a more or less constant reader of Clinical Medicine for about

fourteen years, and in return for the invaluable aid that I have received from it, I feel a desire to help a little by imparting a knowledge of one or two of the good things I have picked up during fifteen years of general practice.

Varicose ulcers, which were for years more or less of a stumbling block to me, are now hailed with delight. My treatment for some years has been as follows:

Wash the leg with any good antiseptic soap—an ethereal antiseptic being my preference; then rinse the ulcer with hydrogen peroxide and a solution of mercury bichloride, alternately, several times. Now grasping the leg with both hands, having a thumb each side of the ulcer, I move the flesh vigorously on the bone back and forth, up and down, doing this until there is a healthy glow of the skin in the immediate vicinity of the ulcer. Next I dust thickly with aristol, though, presumably, any good antiseptic dusting powder would do as well. Cover the sore with a piece of antiseptic lint (size of ulcer), and that in turn with a layer of absorbent cotton two inches larger each way. Now, commencing six inches below the ulcer, wind 2-inch strips of zinc-oxide adhesive plaster, long enough to go two-thirds around the leg, tightly up to three or four inches above the ulcer. Lastly, put on a 32-inch flannel bandage, tightly, from toes to knee, and let the patient go about his usual occupation.

Dress in this way every fourth day; it is not necessary to remove dressings oftener than that, as a rule. The results from this treatment are almost marvelous at times. It is hardly necessary to remark that any existing dyscrasia should be corrected if possible.

Lately I had such a remarkable experience with dried *yeast in ozena*, that I must relate it for the benefit of suffering humanity.

For two years I have been bothered with a case of ozena fetida, or atrophic rhinitis. I had exhausted the therapeutics of this disease in a vain attempt to give the patient, as well as his family, more than temporary relief. Finally, on the 3rd of last October, I had the man lie down, and pulverizing two of Stauffer's yeast tablets, I dusted half of the powder into each nostril, causing him to inspire gently through the nostrils at the same time. Next day he told me that on using his (warm normal saline) douche that night the crusts came away very easily and he experienced a great sense of relief. I continued this treatment daily until the 18th, when the mucous membrane lining the nasal cavities looked quite normal and he seemed perfectly well. I have not seen him since, and while I know very well that "one swallow does not make a summer," still this point seems worth following up.

I have also found the powdered yeast tablets a wonderful dusting powder for carbuncles after free crucial incision, under somnoform (which is another therapeutic triumph). I have also used it as a dusting powder in diabetic pruritus vulvæ, with perfect success, and have used it internally as a systemic antiseptic in boils, carbuncles, and infected wounds, but do not think it equal to calcium sulphide for this purpose.

I frequently see, in medical magazines, treatments outlined for purulent *otitis media*. Now, if all medical magazines publish the following treatment for this trouble, about four times a year, there would be no further discussion necessary. This treatment, by the way, is not original with me, but was published in *The Lancet*, London, a number of years ago, by F. B. Richards.

The formula is: Boric acid, 1 dram; rectified spirit, 2 or 3 drams; glycerin, 1 dram. The patient is directed to lie on the sound side, when a few drops of this solution, warmed, are injected into the ear and allowed to penetrate by keeping the patient in that position for fifteen or twenty minutes. Treat in this way every day, and unless there is some complicating condition, such as a polypus in the exterior meatus, one may feel confident of a more or less speedy cure. Of course, calcium sulphide internally should not be forgotten.

I use a great many of the alkaloids and active principles, and feel that I

simply could not practise medicine without them.

A. F. Foss.

Black Lake, Quebec.

SOME NOTES ON GONORRHEA

I was greatly interested (as doubtless you have been) in Dr. Breakstone's exceedingly helpful article (see page 49, this issue), and, as I read, jotted down a number of practical points that I have picked up from time to time, and which may be useful to you. As a whole, I am in full agreement with Dr. Breakstone's conservative ideas on the treatment of blennorrhea and commend his method to our readers for careful trial.

First, with regard to the syringe. My associate, Prof. Vogeler, who has had much experience as a practical pharmacist, tells me that he formerly supplied, to patients coming to him with prescriptions for gonorrheal injections, a combined bottle and syringe, the syringe being fitted into the neck of the bottle so that it was constantly bathed in the solution. As the injection fluid was almost invariably antiseptic this kept the instrument clean, and protected it from contamination by handling. It was inexpensive.

There is just one little suggestion I should like to make in connection with the internal medication; namely, the employment in these conditions (acute or chronic) of arbutin—the glucoside of *uva ursi*, pipsissewa, and other arbutus species. It undoubtedly is of great value in this direction; as may be seen by consulting the Waugh-Abbott "Textbook of Alkaloidal Therapeutics," and where, by the way, much interesting and valuable information regarding this drug may be found.

Arbutin acts in a two-fold manner—as an astringent and an antiseptic. The former property is due directly to the fact that it coagulates the albumen of the cell-substance of the mucous lining of the genitourinary tract (being excreted undecomposed); the other, because a certain percentage of it is split up by the urine and gives rise to hydroquinone. The application is obvious in the question under consideration. A third property of arbutin, that of producing diuresis, adds to its value, by flushing the infected tract with an aseptic and antiseptic fluid.

Because of its peculiar virtues, arbutin of course is curative not alone in specific urethritis, but benefits generally catarrhal and pyogenic states, besides acting on prostatitis; but this, by this very fact, materially assists any other curative procedures. Indeed, in acute gonorrhea arbutin will do what calcium sulphide does in the chronic form.

It must be borne in mind, however, that the mother plants of arbutin may not be substituted, for they contain injurious amounts of tannin; nor will hydroquinone itself act as beneficially, inasmuch as its peculiar value here arises from its being liberated at the diseased locality, and in direct contact therewith.

Chordee is certainly a troublesome symptom, and the treatment leaves much to be desired. It is the custom to use sedatives like the bromides, opium or morphine. The modified hyoscine, morphine and cactin combination, given in a relatively small dose, by the mouth, will accomplish the same end, do it better, and is much less likely to overpower the patient with the narcotic. Half a tablet would be ample. Lupulin, in massive doses, is another good remedy for this symptom, and is entirely harmless.

Finally, when you are thinking of injections, do not forget the value of wick-drainage, which is logical, and free from the objections which Dr. Breakstone points out concerning the usual local treatment.

INGROWN TOE-NAILS

I cannot refrain from challenging the statement, in a recent issue of Clinical Medicine, made by Dr. E. S. Frazier in his criticism of Dr. Breakstone's September article, "Ingrown Toe-Nails."

I have been treating diseases of the feet exclusively for the last ten years, and can substantiate this statement: Scraping a toe nail, in the manner described by Dr. Frazier, has no effect upon the growth of the nail except to cause it to atrophy or

hypertrophy. *It will not change the direction of the growth of the nail.*

Ninety-five percent of all cases *termed* "ingrown nails" are simply infections at the margins of the nails, caused by the irritation of an improperly trimmed nail, accelerated by tight shoes or short hosiery. Correcting the trimming of the nail and antiseptic dressings and drainage (as in any other infection) will relieve the acute condition. Correcting the patient's ideas as to the proper kind of footwear will prevent a recurrence.

For the *actually ingrowing nail*, there is but one "sure enough" cure: the radical removal of the *entire nail* and the *entire matrix!*

The "disfiguration" that the doctor finds so abhorrent is very slight, and it is ridiculous that it should be offered as a reason for not operating. It is equal to putting forward as an argument against appendectomy the resultant abdominal scar!

The scraping of these nails, cutting out a "V"-shape segment, in the middle, and so on, belong to the time when grandmother tied a strand of black woolen yarn around Willie's neck as a prophylactic against diphtheria.

Frank S. Lower.

Chicago, Ill.

INGROWN TOE-NAILS

I have noticed several articles on this affection lately, but none have given me the results that I have obtained from my treatment. Removal of the nail is certainly a poor procedure, for it leaves a tender toe and future results are usually bad.

I use Monsel's salt of iron, applying the powder over the sore area of the toe for twelve to twenty-four hours. Wash this off daily and apply again. Usually four or five applications are sufficient. If there is no moisture or discharge present I make a saturated solution of the salt and apply by moistening gauze in this and keeping it wet for the first twenty-four hours. After this, one or two applications daily are sufficient.

I have treated at least fifty cases in this manner and my results are good. The patient is soon relieved, the tenderness and pain subside, and the tissues shrink so that the pressure is relieved. Try it and you will be convinced.

H. G. Palmer.

Detroit, Mich.

VOMITING OF PREGNANCY RELIEVED BY CERVICAL TREATMENT

I can heartily endorse the treatment of Dr. F. A. Remly for vomiting in pregnancy mentioned in Clinical Medicine for October (page 1076).

The worst case I ever saw in fifty years' practice occurred to me about fifteen years ago. The woman vomited every day for about five weeks, and could retain no nourishment at all except a little egg-albumen dissolved in ice-cold carbonated water.

I used the remedies suggested in the standard textbooks without any benefit to the patient. Upon examination of the uterus with the speculum I found the os red and granulated. I was surprised that the woman could become pregnant in such a condition. She was the mother of two grown girls but had not been pregnant for seventeen years. The case was so threatening that her husband urged me to procure an abortion, to save her life.

I made an application to the diseased os of a mixture of tincture of iodine and carbolic acid, equal parts, and three days later repeated the application. After the second application vomiting ceased and a continuance of the treatment every three or four days soon restored a healthy condition and a return of appetite. No further serious trouble occurred and in due time a nice eight-pound boy arrived.

I am now approaching my seventy-seventh milestone, have retired from practice, but still read Clinical Medicine with pleasure.

J. B. Wright.

Portland, Ore.

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[Now, here is a suggestion that may be worth many dollars—perhaps many lives.

We hope the "family" will make a thorough trial of this manner of relieving an obstinate condition by the local treatment as suggested and report. (By the way, don't forget the suggestion of our Wisconsin friend, i. e., of calx iodata, for this condition.) We hope Dr. Wright will give us more items—long may he be spared to do so.—Ed.]

THE TREATMENT OF FLAT-FOOT

The following is just a little helping hand for those who have trouble with their flat-foot cases. It was evolved after all other methods failed to give relief. Arch supporters were tried with poor success. The advertised shoes failed. Strapping gave temporary relief, but the straps loosened. I even tried a light plaster cast, which succeeded only so long as the cast held together, which was only a few days. The method I now use gave the desired relief without any trouble. It is as follows:

Over the sole and sides of the foot I place four thicknesses of gauze, and over this I bandage the foot, from toes to heel, with ordinary bandage gauze. I begin at the inside of the foot, holding the gauze bandage tightly as I proceed, then carry it over the instep, and then around again until the entire foot is covered.

Then I apply a mixture of white gelatin soaked in water, and zinc oxide. I dissolve the sheet gelatin in boiling water (as little as possible), and then add the zinc oxide with constant stirring.

This mixture is applied to the sole and the sides of the foot, with the exception of the back of the heel and the instep. Then I build up the cast to the required thickness and strength by applying successive layers to the heel and arch by running the gauze back and forth over these parts only, all the time applying the mixture. Then I apply another layer of the gauze, the same as the first layer, and again apply the mixture. Finally I trim the cast and allow it to dry. This can be taken off at night, and is very light and exceedingly strong. Secure a shoe which will fit snugly, as this gives added support. When other methods fail, try this.

Be sure to hold the roller gauze tightly, thus bringing the foot into the corrected position.

O. C. Sommerfield.

Chicago, Ill.

QUICK RELIEF IN APPARENT PNEUMONIA

My brother, living about forty miles from me, was rammed by an angry bull, on November 12 last, thus sustaining a severe injury to the thorax, including several fractured ribs. The following day pneumonitis developed. I saw him on November 15, and found temperature 102° F., pulse-rate 90, breathing rapid and superficial, painful, suppressed, frog-like grunting. Cough persistent, extremely painful and annoying, expectoration scanty, gray-colored, tenacious. Physical examination revealed dulness over an area about four inches in diameter, subcrepitant and coarser mucous rales. Discontinued examination on this point on account of dyspnea and pain.

He complained most of pain and inability to sleep—had not slept since being injured. I concluded to administer hyoscine, morphine and cactin, giving him a tablet at 7 p. m., and another at 9 p. m. He slept and rested well all night, awaking in the morning free from pain and feeling much better. Within forty-eight hours, under the influence of the hyoscine-morphine, together with some liquid medicine (the character of which I do not know) given by the physician in charge, a homeopathic brother, his temperature fell to normal and remained so till Sunday, November 19. In the evening he began to complain of pain in his thorax, which grew worse, and the doctor was called after midnight. His remedies failed to give the desired relief, so I was telephoned for on Monday. (I had returned home on the 17th.) I found the patient suffering from a relapse and an extension of the pneumonitis. I again resorted to the hyoscine, morphine and cactin, and with the same happy results as before—absence of pain, sound sleep, deep, full, quiet respiration, and so forth. Again the tem-

perature began to decline and within twenty-four hours had reached normal and stayed there.

You may wonder why I did not administer the usual alkaloidal remedies. It was, because the pain and sleeplessness were so insistent that I feared for my brother's life unless prompt and thorough relief was obtained. I therefore treated the most prominent symptoms. I do not intend my criticism on the other treatment that was being administered. On the contrary, I administered it myself as long as I remained with my brother. But he took it from Monday morning to Wednesday evening and found no relief. Under the hyoscine-morphine combination he got prompt relief, his temperature, pain, rapid breathing, and all serious symptoms left him like magic.

Now, who will deny that this case of pneumonitis was cut short by these three hypodermic injections, two the first evening? My brother probably would have recovered anyway, but I know, and he knows, that I saved him many hours of anguish. That ought to count for something.

I wonder whether the quieting, soothing effect of hyoscine, morphine and cactin, coupled with the physiologic influence of the remedy (anesthetic, analgesic, antispasmodic, hypnotic, through which deep, quiet, painless breathing was secured), did not bring about equilibrium in the circulation (pulmonary) and thus jugulate the pneumonia process? It is up to you. I have given you the main facts, to the best of my ability.

With profound thanks for the many benefits that have come to me and mine through you and your workers, I will close.

J. W. Shook.

Canal Winchester, O.

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[This is certainly an interesting case, and one in which it is difficult to explain the rapid subsidence of symptoms. It may be that the hyoscine was the principal factor, since by draining the blood into the skin it relieved the congestion at the point of injury; it may be that by putting the part at rest, relieving the tension of the irritable and contracted respiratory muscles, the remedy permitted of more nearly normal lung expansion, hence more rapid decongestion, with abolition of the nervous shock.

We are inclined to think that this was not a true pneumococcus pneumonia, but rather an intense local congestion dependent upon the local injury, and which was happily arrested by the doctor's able treatment. Whatever the explanation, the medication proved to be just what was needed in this case, and the thoughtful physician can draw his own moral.—Ed.]

MOONSHINE AND SUNSHINE

When iron was first discovered in the blood, or supposed to be, the scientists reasoned that iron was the specific, or "sure cure," for all cases of anemia. Considering nature inadequate and defective, it is safe to say that thousands of tons of iron have been prepared and administered in galenic form, and all by reason of the chase after this medical will-o'-the-wisp.

Chemistry gives the formula of hematin as $C_{34}H_{34}N_4Fe,O_5$, and says that the iron is combined in such a complex manner that it cannot be recognized by the ordinary tests, and that it is very doubtful whether this body has ever been isolated in an absolutely pure state. One writer truly states that, no matter what may be required in the human organism, there is nothing which cannot be appropriated and assimilated by the occult and mysterious working of nature.

In the matter of assimilation, even gold is absorbed and liberated in some instances. Did you ever notice how nature decorates the pupa of the little yellow butterfly? First the head of this creature resembles the head of a horned beast—"protective resemblance"; then several of the prominent points are tipped with gold! Verily, this would be a "poser" for the scientists, with reference to regulating the principles of vital chemistry and assimilation.

In one way, the red color of the blood, or "red flag," seems to be a provision of nature and warning of danger for the protection of the individual. If in the

case of an accouchment, before or after, you saw a light-colored discharge, it would be of no importance, but with a discharge of a bright-red color, you would prick up your ears, sniff around and immediately "get busy."

In simple anemia, so called, the textbooks say that attention to the ordinary rules of health, abundance of food and air, and moderate exercise will surely restore the patient without the administration of a single drug or any kind of medicine. In symptomatic anemia (and we believe it to be all symptomatic), if the physician overlooks hygiene and the surroundings—the accessory treatment—he is merely wasting his time, mistaking the effect for the cause. True, anemia is called pernicious, idiopathic or essential anemia, the textbooks stating that the specific treatment with the chalybeates, etc., seems to be of no avail whatever, no cases of cure having been reported. It would then appear that the treatment of anemia with iron preparations is not clear, in view of the above statements.

'Twas ever thus with the fads and crazes; some may come and some may go, and some go on forever. We remember the "blue-glass cure." The blue rays were supposed to promote the growth of plants and to act as a tonic in cases of general debility. With blue glass in the windows, the ladies would sit for hours in their easy-chairs enjoying this delightful and benign system of medication. The little boot-blacks, with their usual penetration, would cry out, "Don't be too sure of the blue-glass cure"—or of any other cure, boys, for in many cases there's nothing that you know so little of as something that you're sure of.

Geo. A. Williams.

Bay City, Mich.

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[Niemeyer stated that the use of iron in anemia offered one of the most brilliant examples of successful therapeutics known to the profession. Probably there is not a physician in the world who is thirty-five years of age or older who has not had a splendid opportunity of noting the good effects following the administration of iron. The evidence in its favor is positive. It is based on clinical observations. The objections against it are theoretic, and if there is anything within the scope of human belief to which objections have not been urged, it has escaped the writer. From the existence of a God, from man's own existence, from the existence of anything whatsoever, down to the question of who struck Billy Patterson, there seems to be nothing upon which all humanity is agreed.

Here is a curious instance of the efficacy of iron: A little boy had done wrong and, punished by a sensitive conscience impelling him to confess but restrained by cowardice, he grew thin, pale and anemic under this trouble. The physician came in and ordered tincture of iron. Within a week or so the color had returned to the boy's face, his appetite and digestion improved, and despite the fact that the real cause of his trouble was psychic, the improvement in the condition of his blood brought about a satisfactory improvement in the psychic condition which caused the difficulty. Nerved up to the point of confession, the trouble was thrown off.—Ed.]

THE DOCTOR LIKES IT

You publish a most excellent journal, and I do not see how you could improve it. I have been a subscriber to The Alkaloidal Clinic since the very first number and still I like it better every year. You can discontinue my subscription whenever I die—not before.

J. C. R. Charest.

Fargo, N. Dak.

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[We are getting a "bunch" of letters like this. Must be Clinical Medicine is finding the right spot!—Ed.]

ALKALOIDAL MEDICATION: THE NEW ERA

In renewing my subscription for The American Journal of Clinical Medicine, I will embrace the opportunity to carry out my purpose entertained for some time to present some thoughts growing out

of my experiences with alkaloidal medication in the daily round of practice.

My chief regret now, at the mature age of 70 years, is that I did not get into the alkaloidal system of medication a dozen years earlier than it was my fortune to do—still, I am very glad indeed that it was my good luck to see enough of it, even as late in life as I did, for it caused me to grow young again, and enthusiastic, in the practice of medicine.

The Burggraevian system of medical practice has this in its favor: it has truly apprehended the fundamental idea in the administration of drugs to disease conditions of the human system.

If there is anything in any given plant that has the power of producing a constant and positive effect upon a diseased condition of the human system, that something must inhere in the active principle of the given plant or other substance. Nature did not implant active principles within any of her products thoughtlessly, but with a fixed purpose in so doing—that purpose evidently being to enable the plant to do a specific work, if proper opportunity were afforded. Thus, for instance, the active principle veratrine can be depended upon to do its predestined work in the conditions calling for its use—every time—if given to effect. And what is true of veratrine in its proper sphere of action is equally true of aconitine or digitalin and of many other active principles now in daily use among physicians. They can be properly applied, and where so applied with intelligence and in their full physiologic dose, the desired effect will be obtained.

But the important factor of the individual idiosyncrasy, if any, must be ascertained and respected in the administration of any active principle. When this important relationship is understood and properly applied, success in treatment is assured.

But there is one great prerequisite to success in treatment even with active principles, which is, to remove all of the impediments to proper physiologic action of the drug. The entire digestive tract must first be thoroughly cleaned out and then maintained in a clean condition ever after that, in order not only to remove the disease, but to prevent its recurrence. Experience has taught us that it is much easier to prevent a disease than it is to remove the same when once it has become established.

Disease is not a normal condition of animal tissue—it comes, as a rule, from without. The conditions precedent to disease can be averted, and active principles are nature's most powerful weapons of offense in such a warfare. The best weapons are none too good for our campaign against the constant inroads of disease-producing agencies.

Sanitation always means prevention, and the general application of the known rules of prevention will always win out even under the most adverse conditions—as witness what is going on in the case of the Panama Canal, in achieving healthful conditions under the greatest of disadvantages. The completion of that canal will be the greatest triumph the work of sanitation has achieved in the world's history. The white man can live in the torrid zone and maintain his efficiency if healthful conditions are maintained.

So the maintenance of health becomes the greatest of all of the sciences that appeal to human efficiency, and the medical profession of the day must lead in the formulation of the principles of that science. The signs of the times indicate a revolution in progress along the lines of sanitary living, so that we may hope for the speedy coming of that notable day when this earth shall be full of the knowledge of right living and health, and happiness and a long life be obtained for a majority of human kind. And so I sign myself as one of your later yet most enthusiastic converts to THE CLINIC "family,"

ALBERT G. BRODGETT.

Ware, Mass.

CHROMIUM SULPHATE AS A PURGATIVE

Some time ago I reported to you that chromium sulphate acted as a purgative on my patients. In looking over the reports, I do not find it mentioned as a

purgative by any writer. I wonder if I am the first to note the purgative action of the remedy, or if it has this action in only a certain condition and that I have happened to give it in such conditions.

I have a case on hand now, that of an adult, in whom 2 grains of chromium sulphate, given three times a day, acts so freely as a purgative that today I told her to decrease the dose. It seems to have an effect upon the lower bowels more like aloes than any other agent.

Possibly others who have used this agent more extensively than myself have noticed its purgative action, if it possesses any.

J. A. BURNETT.

Marble City, Okla.

GETTING OLD, AND LACTIC-ACID GERMS

Everyone with moderate health wishes to live to a ripe, old age. There have been many efforts to learn the cause of senility and to discover such remedies as could prevent this condition. In the beginning of this century Metchnikoff called attention to the autointoxication of the body through the taking into the circulation poisonous material engendered by the putrefactive processes in the intestines. These processes are not only favored by some of the germ contents of the intestines, but also by an imperfect "stewing" of these contents (impaired peristalsis). Maly also sees in the intestines the cause of the aging symptoms, such as emaciation, stooping posture, etc. For the one condition the eating of meat, for the other the sedentary habit would be the promoter of autointoxication.

Therefore, to counteract these putrefactive processes, it is best to have regular stools as well as a diminution of those bacteria which initiate this decomposition. It is now believed that in lactic acid we have found a powerful disinfectant for the intestines, knowing that people who live mostly on milk-foods attain as a rule a very old age.

It is on account of these observations that Metchnikoff recommends to those who commence to show early the symptoms of old age to use milk soured with the Bulgarian bacillus. The use of these organisms seems, at all events, to be harmless and therefore I want to say more about it.

Travelers who have visited the Orient tell us that in Constantinople, for instance, they encounter in the midst of the multitude of merchants persons who offer for sale a white jelly-like mass, on plates, which in Bulgaria is considered the national dish of the land and is named "maja-yoghurt." The Oriental people eat this jelly-like milk as it is sold in the streets. Many times they mix it with bread and sugar or pour a fruit sauce over it.

This yoghurt is prepared, in the Orient, from fresh sheep's milk, which, after having been boiled and cooled, is mixed with a kind of yeast called "maja." Letting this stand for twelve hours in an even temperature, the milk coagulates, when the yoghurt is ready. The maja, which is added to the milk, is an organized ferment, which from times immemorial has been prepared by the Bulgarians from the chyle of sheep. Through the action of this ferment, which principally consists of the socalled maja bacilli, lactic acid is formed from the milk-sugar of the milk; the same as alcohol is formed in the presence of yeast, or common sour milk from unboiled milk by lactic-acid ferment. (If the milk is boiled curdling does not take place, since the lactic-acid bacilli present in all milk are killed.)

One of the advantages of this lactic-acid milk is that by first boiling the milk all harmful bacteria are destroyed, while through the addition of the ferment to the sterilized milk the lactic-acid developed is purer and the process more perfect. Besides this, the maja-bacilli have a greater lactic-acid producing power: they can form 2.5 percent of lactic acid, while the common lactic-acid bacilli form only 0.5 to 0.8 percent of lactic acid.

If the soured milk is rightly prepared (the fermentation period should be neither too long nor too short) and is brought into the stomach, the increase of maja-bacilli, and thereby the development of lactic acid, for a while goes on in the intestines, since the bodily temperature is

just right for these bacteria; and by the struggle for existence (which exists even among the most minute creatures) the less numerous and less resistive putrefactive bacilli are gradually destroyed, which healthful condition is of eminent interest for our welfare. Thus the intestines are freed from the harmful bacteria and their metabolic products, and the direct cause of autointoxication measurably diminished.

This is the explanation by Prof. Metchnikoff of the remarkable fact that the inhabitants of Bulgaria, who regularly eat this soured milk, generally are much healthier and attain a higher age than the more civilized people, notwithstanding the hygienic habits of those people leave much to be desired. Statistics have proved that in Bulgaria, with a population of 4,000,000, 4000 persons are over one hundred years old, while in Germany, with a population of 62,000,000, only 70 persons reach the age of one hundred years.

The usefulness of the lactic-acid treatment in certain intestinal troubles, and especially in conditions of autointoxication, has been scientifically proved and corroborated in many cases in practice.

I have in my care various patients who by the regular use of this kind of soured milk, which they prepare themselves, receive much relief from nervous disturbances. Do not forget, by the way, that this Bulgarian sour milk has at the same time a high food-value, inasmuch as it is composed of concentrated milk and can be used with success in cases of emaciation, loss of vitality, and so forth.

The weakest point in such a regimen is the preparing of the milk. In many newspapers and periodicals methods are advocated and various tablets recommended for preparing the milk. However, most of these turn out flat failures and a great disappointment.

The maja-bacilli, in the form of dried tablets, very soon lose their fermenting power, and in such a case all the expensive and neatly constructed apparatus are of no use for preparing yoghurt.

The one and only correct way is to get the cultured bacilli fresh from the laboratories which produce them.

As a dietetic treatment for a few weeks or months the treatment is also applicable for the less fortunate people. But for daily use in the household it is still too expensive. [The expense is now slight.—Ed.] However, it is important to know that, as a result of experiments, one should hold in much higher esteem the common sour milk. Although not in so high a degree as the Bulgarian soured milk, ordinary sour milk can be recommended, as a dietetic food of high value, both for disinfection of the intestines, in people who eat too much meat, and for undesirable fermentation and putrefactive processes in the intestinal tract, which give rise to all kinds of ill symptoms, of which, before, we did not know the cause.

In this regard, the instinct of country people, who value highly the use of sour milk, especially in summer time, is entirely in line with the latest scientific discoveries.

And delving in the annals of ages gone by, we find that in remote antiquity one ascribed to sour milk not only high nutritive power, but also life-prolonging qualities. The Egyptians knew a kind of sour milk which they called "li-ve"; in their literature we many times find this mentioned. The Greeks and Romans used as a dessert at their banquets a sour milk named "oxygala," and of this high praises were sung. Pliny tells us of wonderful cures with "schiston," a coagulated goat's milk. By the ancient Germans the "lac concretum" was a much relished dish, both by rich and poor, old and young.

We, too, perhaps shall not fare badly by paying to "sour milk," as a dietetic remedy, somewhat more and better attention than is usually the case.

D. Zwigtman.

Niles, Mich.

COCAINE POISONING IN URETHRAL WORK

In acute poisoning (see page 1089, October Clinical Medicine) cocaine expends its force upon the medulla, paralyzing the various centers, and unless there is sufficient circulation of blood within the medulla, there will be collapse and death.

Treatment is to lower the head, use artificial respiration and the immediate stimulant, glonoin.

The danger from cocaine is not great if the ligature is used. It follows then that the drug should not be used in the deep urethra. As cocaine is not usually used except when the patient is on the back, the effect of poisoning may not be noticed at once and dangerous collapse may occur without previous warning.

Every now and then the author finds a patient who will faint upon a first injection (of anything) into the urethra. Should that first injection be one of a solution of cocaine into a patient having this tendency to syncope, I feel that the danger of paralysis of respiration would be very great.

W. E. Bremser.

St. Louis, Mo.

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[The moral is—use exceeding care in employing cocaine in urethral work. Fortunately there are safer local anesthetics at hand.—Ed.]

ILLEGITIMATE BIRTHS AND MORALITY

The Pacific Medical Journal for November cites figures recently published by *The New York World* showing the large percentage of illegitimate births in Berlin and other great European cities.

According to a contributor to *The World*, London shows an illegitimacy rate of only 40 to the 1000 births, as given in the Encyclopedia Britannica and the Statesman's Year-Book, while the rate in Berlin, for 1909, is set down as 250 in 1000. European countries show a wide variation, Ireland having 26 illegitimate births to the 1000, and Austria 141.

The Encyclopedia Americana's figures bear out the statement made by *The World* as to the percentage of illegitimacy being as high in other continental cities as in Berlin, but credits Berlin with a lower rate than is shown by the latest figures—assuming that those presented by *The World* are the latest. Paris, with 268 illegitimate births to the 1000, compares unfavorably with Berlin in the Americana's table, which gives the German metropolis credit for only 154 to the 1000, as against 149 in Vienna, 439 in Prague, 439 in Munich, 396 in Stockholm, 300 in Moscow, 729 in Copenhagen, and 236 in St. Petersburg. Smaller continental cities are credited with better conditions. The rate is 132 in Frankfort and in Turin, 129 in Antwerp, 99 in The Hague, 70 in Rotterdam, 101 in Palermo, and 86 in Naples. The smaller French cities are not in the list, but presumably they would reflect a higher state of public morals than Paris.

The table of figures for countries gives France 82 illegitimate births to the 1000; Germany, 94; Belgium, 98; Denmark, 100; Lower Austria, 260; Upper Austria, 210; Italy, 75; Prussia, 82; Sweden, 148; Norway, 79; Portugal, 140; Spain, 54; Greece, 16; Holland, 32; and Switzerland, 48.

The editor of *The Pacific Medical Journal* suggests, very correctly, that morality and illegitimate births in the sense of sexual relations are hardly synonymous terms, and that the many criminal operations performed in this country and abroad rob illegitimate births of their true significance when compared with socalled morality.

The Encyclopedia Britannica (Cambridge Edition) says: "How far the prevalence of illegitimacy in any community can be taken as a guide to the morality of that community is a much disputed question. The phenomenon itself varies so much in different localities, even in localities where the same factors seem to prevail, that affirmative conclusions are for the most part impossible to draw—racial, climatic and social differences must be allowed for, and the influence of legislation is to be taken into account. The fact that in some countries marriage is forbidden until a man has completed his military service, in another, that consent of parents is requisite, in another, that 'once a bastard always a bastard' is the rule, while in yet some other the merest of subsequent formalities will legitimize the offspring, must account in some degrees for variations in figures."

The Britannica goes on to show by statistics that, at least in England and

Wales, the illegitimate birth-rate has been steadily declining for many years, not only in actual numbers, but also in proportion to the population.

This decline in the frequency of illegitimate births is more than counterbalanced by the increasing frequency of abortions. F. J. Taussig ("Prevention and Treatment of Abortion," St. Louis, 1910) cites Doleris to the effect that in certain of the poorer districts of Paris the number of abortions had doubled and even trebled from the years 1897 to 1905, and continues: "That a similar increase of abortions has occurred in other countries there seems to be little reason to doubt."

It can hardly be denied that, if the illegitimacy rate of any country is to be taken as a measure of its morality, the index must be corrected by the abortion rate of that country, and while we are far from asserting that all abortions are deliberately induced, there are strong reasons for assuming that a very considerable proportion are not spontaneous and not due to what we might call legitimate causes, and that in a great many cases nature has been assisted in producing an abortion, if not by operative interference, at least by the deliberate carelessness of the pregnant woman or by other acts on her part tending to terminate gestation.

It appears to us that the standard of morality of any country or nation would find a far more correct index in its frequency of abortions than in the illegitimacy rate. In many countries, or in many regions, it is quite customary for young people to associate in the closest relations before marriage, and the marriage ceremony is sometimes not considered necessary to bind the pact. This does not mean that the parties consider themselves free to love indiscriminately; in fact they usually "play fair." And if their relations result in pregnancy they have the courage to stand by the consequences and raise their children rather than bring on abortion. Such people are decidedly less immoral than even married women who produce abortion for reasons of convenience. To be sure, in certain districts, especially in manufacturing towns, promiscuity among the sexes exists to a serious degree, without the oldtime saving grace of faithfulness, and if abortion is not resorted to, the illegitimacy rate necessarily increases. On the other hand among the most "immoral" people, the prostitutes, both illegitimacy and abortion are comparatively infrequent for the simple reason that pregnancy is less frequent in the prostitutes than in women who have intercourse with only one or a very few men.

The tendency of recent years is decidedly not to limit morality to legitimacy. It has been shown that even in the marriage relation immorality may exist, and it does exist in the alarming increase in criminal abortion. The unmarried woman who, faithful to her lover, carries her child to term and raises it as best she can, rather than commit abortion or infanticide, is on a higher moral plane than her married and "respectable" sister who decries in meetings of the Ladies' Aid Society and elsewhere the wretched immorality of "these dreadful creatures" and then goes to the hospital to be relieved of the inconvenient consequences of her married respectability. Morality is first of all frank and honest, not hypocritical and pharisaical. The standard of morality is indicated far more correctly and truly by the abortion rate than by the illegitimacy rate.

H. J. Achard.

Chicago, Ill.

"FIGHTING WITH GOLD BULLETS"

I note with amusement your editorial in the November number with the above heading. First the fighting done by the Yaqui Indians in the late revolution was *for* the Diaz government and not against it. They were armed with Mauser rifles and furnished regular government ammunition.

Just before the former governor, General Luis Torres, took his flight to the United States, he armed the remaining Yaquis with Mausers and gave them plenty of ammunition, leaving the new government a legacy of "Indian trouble." You may rest assured, however, that if there was ever any gold or even silver to be

had he didn't leave any for the Yaquis to fire at anyone.

I have lived and practised medicine for more than six years in the Yaqui country—all through their rebellion—and have probably treated as many or more people shot by them than any other man, and have yet to see their first gold bullet. I will say for the Yaquis that they seldom left anything for the surgeon to do—it was usually the undertaker's business!

I have, however, seen a few of their bullets; one I remember was of Babbitt metal and was made for a large-size Remington; another was a small steel bar, cut off to go into a Mauser shell, and filed to a point in front.

Your gold-bullet fiction is on a par with many other Yaqui stories told where the truth would be plenty.

F. D. Green.

Estacion Navojoa, Sonora, Mexico.

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[We really didn't think anyone would take that story seriously. It was picked out of a San Francisco paper and used simply to point a moral—that doctors should get pay for the work they do. At any rate, since it served to provoke Dr. Green to write this nice little item it was not quite in vain.—Ed.]

MEDICAL MISSIONARY WORK IN GUATEMALA

Readers of Clinical Medicine will remember the various instructive articles contributed to our pages by Dr. Carlos F. Secord of Chichicastenango, Guatemala. Dr. Secord is now in this country. An interesting paper describing his work appeared in the Omaha *World-Herald* of September 17 last. This article contains a great deal of matter that is of intense interest to physicians, but as we lack the room to publish it in its entirety, we must content ourselves with quoting a small portion of it. Before the Doctor returns to Central America we hope to have an opportunity to make his personal acquaintance. The excerpt follows:

"Upon establishing ourselves in the famous and historic town of Chichicastenango, where the great wizards live, and where the descendants of the great Quiche warriors look upon every outsider as an intruder to be resisted, every effort was made to drive us from the place. The wizards invoked their gods in vain and exhausted their arts of enchantments against us; hundreds of fires burned upon the stone altars in the secluded mountain spots where the ancient fire- and sun-worship is carried on, and before them the kneeling wizards implored aid against the gospel of light, truth, and civilization represented by us. They felt their power slipping from them and feared the effect of the teaching of the word of God. Many attempts were made to kill us, also, and we were preserved through them all, and slowly won the confidence and respect of the people.

"With the Bible in one hand, containing the wonderful message of God, and the medicine-case in the other, great inroads have been made in the kingdom of darkness and superstition, so thoroughly established in the mountains of Quiche land, and hundreds have begun a new life of hope and usefulness, under the influence of the mission.

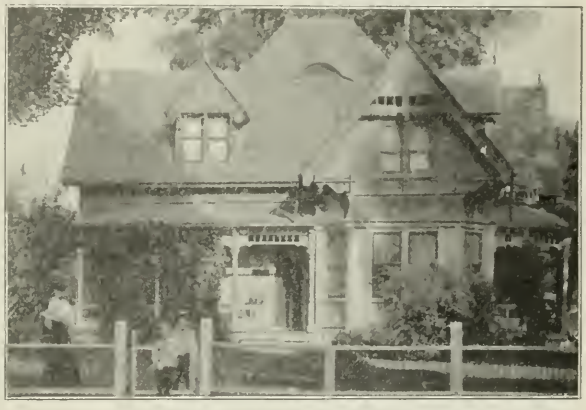
"In the medical work sicknesses of all kinds have been successfully treated, and numbers of surgical cases also have been cared for. And while there has been no suitable place in which to care for the sick, we are hoping to be able to build and equip a hospital in the near future, as the need is urgent.

"Some two years ago Guatemala was stricken with the terrible pest of smallpox, and many died. A great effort was made by the government against the dread disease, and vaccine-fluid stations established and pest-houses speedily built. We at once offered our services, and began the vaccination of all the people in our district. Fourteen thousand were protected from the disease, many of the Indians coming from their mountain dwellings for the first time in their lives. About 700 a day were vaccinated—Mrs. Secord doing her share of the arduous work; and as a result, Chichicastenango had no smallpox cases.

"There are many out-stations in connection with the central one, and their

members are active Christian workers, a hundred times more useful to the state than formerly. The great enemy of the Indians of Central America is alcohol, for they have been taught to drink the native rum, and consume enormous quantities of the vile stuff. This rum is distilled from wheat bran and sugar-cane juice, and is called by the Spaniards aguardiente, literally "firewater". The Indians call it *tzam* (burning water). While the government has sent out literature and illustrated charts in colors showing the evil effects of the alcohol habit, we have taken a most decided stand against it, and there is now a growing public opinion against the evil and hundreds have abandoned it.

"There is in use in the Quiche mission a medical treatment for the alcohol habit, which has cured many, it having been discovered by experimenting with native plants. From all parts of the country people seek its aid, and the results are brilliantly successful in about 98 percent of the cases. Other useful medicines have been successfully proved, and our laboratory has thus advanced the cause of science, even if located among the mountains of the Quiche Indians."



Home of Dr. Ralph T. Merrill, Smithfield, Utah

ACETANILID NOT HARMFUL. ITS THERAPEUTICS

In the August number of *The Old Dominion Journal of Medicine and Surgery* we find a paper on acetanilid in which this dangerously useful remedy is defended against its maligners. Given proper indications and with dosage, acetanilid is not harmful and does not, the author claims, create a drug habit. Most of the untoward effects of the drug, he further asserts, are due to excessive dosage, and if prescribed in amounts of from 2 to 5 grains, repeated in from thirty to forty minutes if needed (instead of giving doses of from 5 to 15 grains), the possibility of harm is practically *nil*, while the desired analgesic effect is obtained satisfactorily.

According to Shoemaker, by small-sized doses of acetanilid the action of the skin and kidneys is increased, and the blood pressure is at first elevated, but this soon falls and the heart's action becomes slower. It is claimed that, in moderate amounts, it acts as a cerebral and vasomotor stimulant without causing any subsequent ill effects.

The analgesic action of acetanilid is due to its primary effect upon the sympathetic nerves, but it also exerts an antispasmodic action, by influencing the motor nerves. Its antipyretic action is due to its effect upon a perverted mechanism of the sympathetic. This would explain why this drug does not lower the normal temperature.

Acetanilid should not be used to control fever, but only to start the temperature downward; this attained, it should be kept down with cold water. The drug should never be given when the skin is naturally moist. If it induces excessive perspiration, stimulants must be administered.

Acetanilid is our best remedy for reflex pains, the cry of nerve-centers, the fury of nerve-storms. This latter clap of pain is more common than any other, and possibly our best illustration is furnished by the lightning pains of tabes. Other examples are gastralgia, functional dysmenorrhea and the many pains of the menstrual period, sciatica, rheumatism, neuralgia, migraine, in fact all pains not due to inflammation. In all of these conditions

it is a most valuable remedy, on occasion combined, if you choose, with bromides, heroin, codeine, and the like, to suit conditions. The nerve depression and pain so common to the underfed and the weak finds relief in acetanilid—and this probably saves many of these sufferers from the opium habit. Combinations of acetanilid with other drugs often are useful.

In rheumatism it lessens pain and seems to assist, given conjointly, the influence of the salicylates in this condition. In malarial fevers it wards off the expected chill with its discomforts and gives time to get the patient under the influence of quinine; indeed, less quinine seems to be needed to cinchonize a patient and secure needed relief when the acetanilid is also used.

In treating colds, a similar effect is produced, and the patient is more comfortable while the "breaking-up" process goes on; at the same time it lessens the ill effects of quinine, should it be given, by cutting off the train of reflexes resulting from the full doses of the latter. Acetanilid is said to lessen decidedly the soporific effect of morphine, while adding to its pain-relieving power, marked mental activity following the dose. In this combination we see reasons for opium eaters acquiring a second drug habit. Opiates to a certain extent increase the toxic action of acetanilid.

There is small excuse for an overdose of acetanilid, since the danger-signals thrown out are so prominent. In cases of fever, sweating, and other instances, relief of pain, quietness, a tendency to sleep, and in any case cyanosis (when too full a dose has been taken), and when these conditions are noticed the drug should be stopped, and probably a stimulant given if lividity is marked.

CACTIN FOR SEA SICKNESS

On one occasion when riding in a crowded car, there sat in front of me a lady suffering from "sea-sickness," or "car-sickness," as it is often termed. Believing from my past observations that the stomach was only indirectly responsible for the condition, I took from my pocket-case a couple of granules of cactin, gr. 1-128 each, and gave them to her. The "sea-sickness" at once ceased and did not return during the two hours I was in the car.

The same summer, when a lady friend contemplated a trip to Chicago, I gave her a few of the granules, as she was always "sea-sick" when riding on trains or street-cars. On her return she said the little granules kept her from suffering from her usual trouble and made the trip a pleasure.

Why not give cactin a further trial?

G. H. French.

Carbondale, Ill.

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[This is a valuable suggestion and worthy of further trial. We shall be glad to receive reports. Sometimes an uncorrected refractive error is responsible for "car-sickness." It is a troublesome and distressing ailment and we can all be benefited by suggestions. Who has something to offer?—Ed.]

AMERICAN MEDICAL COLLEGE AND THE BARNES MEDICAL SCHOOL COMBINE

October 20, 1911, the American Medical College and the Medical Department of Barnes University, both of St. Louis, were merged, under the name of the American Medical College, in Affiliation with Barnes University.

The advantages of this union are numerous and important. The new institution will have a very complete and modern equipment, the apparatus of the American Medical College being new and recently purchased in Europe; the clinical facilities will be excellent, giving students access to four important hospitals and placing the school in charge of several large dispensaries; finally, the combined faculties, as retained in the new American Medical College, is an exceptionally strong teaching body, consisting very largely of "degree" men.

The new-old institution will certainly be a power in St. Louis and the Southwest. With men like Lanphear, Ball, Atkinson, and Ward on its teaching staff, the student

is sure of getting the very best of instruction. This merger is in the line of educational progress. Congratulations are due all around!

THE CHICAGO PRESS CLUB HONORS DOCTOR BUTLER

That "a prophet is not without honor *even* in his own country" was demonstrated to our satisfaction last week. On Saturday, December 16, the Press Club of Chicago gave a complimentary luncheon to Dr. George F. Butler, who has recently been appointed the county physician of Cook County. Usually the guests of honor in these luncheons are distinguished "foreigners"—in the sense that they are not members of the club. This organization has entertained the greatest political, financial, dramatic, and literary personages of the world, but few of its own members have been so honored.

It was therefore a splendid tribute, as well as a good estimate of the feeling which the writers and thinkers of Chicago entertain toward Doctor Butler, that the banquet hall was crowded to overflowing. I recall but one occasion on which such an aggregation has turned out, and that was when the Club had the billionaires to lunch, to wit, Andy Carnegie, Ed. Gould, Doc. Pearson, the Armours, Morrises, Swifts, Forgans, and all the rest of the plutocratic *hoi polloi*. But you must remember that all writers are poor!

The toastmaster at the Butler banquet was the Hon. Frank Comerford, and the speakers were Dr. George B. Young, Health Commissioner of Chicago, Dr. William E. Evans, the former Health Commissioner, Judge Owens of the County Court, and Opie Read. All paid fine tributes to Dr. Butler personally and as a physician. Judge Owens, especially, who comes into almost daily contact with the doctor in the County Court, in the disposition of insane cases, spoke in the highest terms of the character of the work Dr. Butler was attempting—a work which greatly needs to be done. Of course every member of the club appreciated Opie Read's fine talk, and every reader of Clinical Medicine can agree with him in his description of Butler's literary work—that "when he meets the right word he shakes hands with it."

In his short talk Dr. Butler made it clear that he is not a politician and does not intend to play politics. It is his purpose to give *honest* service to the county wards—to improve its character. The readers of the Doctor's department, "Just Among Friends," know how he feels on these questions. Be sure to read his department this month.

Dr. Butler is one of the most popular men in the Chicago Press Club—and he is likewise one of the best-loved men in the Chicago medical profession. Also, he has friends everywhere—among them, some thirty-odd thousand readers of The American Journal of Clinical Medicine.

THERAPEUTIC NIHILISM CRITICISED

It is indeed unfortunate that those who deny the value of drugs in the treatment of disease will allow themselves to make statements which are essentially inaccurate. Thus *The Therapeutic Gazette* (July, 1910) takes to task a writer in *The St. Louis Clinic*, who is quoted as follows:

"Typhoid fever, yellow-fever, measles, whooping-cough, pneumonia, malarial fevers, diphtheria, smallpox, chickenpox, scarlet-fever, spinal meningitis, are all infectious and most of them self-limited. An intelligent physician knows that there is no drug that has the least influence on these troubles, with the exception of quinine in malaria, as a specific curative agent."

Commenting on this rash statement, the *Gazette* editorial says:

"It would be difficult to reconcile this statement with the teachings of the best clinicians. Just here let us quote from the latest edition of Tyson's practice. In his chapter on pneumonia, Prof. Tyson, an able observer, says:

" 'I am well aware that pneumonia is regarded as a self-limited disease, reaching its crisis in from five to nine days, and that many think the only indication is to sustain the patient until the crisis is reached. In many cases this is true, but I believe the

fury of the disease may be diminished by treatment.'

"This quotation will show to prove that there is a sincere belief in th mind of Tyson that pneumonia can be influenced by treatment, and we could adduce many statements by able clinicians to show that they hold that our therapeutic resources are capable of modifying disease-processes favorably.

"If we assert that a disease can not be influenced, as does the writer quoted, we lay ourselves open to criticism that can not be easily explained away. Let us take, for example, scarlet-fever and admit that we have no remedy that will 'cure' it; yet, can any rational man who has had clinical experiences deny that the physician can do much to avert a disastrous termination of the disease? In scarlet-fever it is often that we have active cerebral hyperemia as a complication. This would, if untreated, lead to a fatal issue in some cases; in any instance, it would greatly retard recovery. By proper employment of the resources at our command, we can control this factor, many times." To all of which we say "amen."

INCOMPATIBILE INTERNAL AND EXTERNAL TREATMENT

Quite a little attention is directed by the medical press, at present, to the recently proved fact that there is sometimes an epidermal manifestation caused by the incompatibility existing between a medicine given internally and one applied externally. Reference is made to a case in which hydrogen peroxide was applied externally while potassium iodide was given internally. The result was a severe burning in the skin, the cause of which was not at once discernable. In another instance, a colorless tincture of iodine taken internally while an ointment of ammoniated mercury was applied externally caused severe skin irritation, attributed to the action of the mercuric iodide formed. Again, sulphur internally and a solution of mercury used externally may be expected to cause a deposit of black mercuric sulphide in the skin.

These and numerous other instances, says *The Practical Druggist* (August, 1911, p. 24), should be sufficient to impress both physician and pharmacist with the importance of avoiding such incompatibilities.

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"Dogs First"

"Women and children first" would cease to be shipwreck etiquette if the antivivisectionists had their way

NEWS NOTES

We are very anxious to secure a list of the nurses' training schools in the United States. Who can help us? We shall appreciate any information obtainable on this subject.

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According to the census reports, the state of Washington has the lowest death rate in the Union, the rate for 1910 being 14.4 per 1000. Of the other states, located in "registration areas" Wisconsin comes second, and Utah third.

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Dr. John M. T. Finney, of the Johns Hopkins University and Hospital, Baltimore, and one of the best-known surgeons in the East, was invited to become president of Princeton University, but finally decided to decline the honor. Score again for "the doctor."

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We have just learned of the death, at Paris, Texas, in his twenty-fourth year, from valvular disease of the heart, of Rogers Davidson Leach, only son of Dr. Reginald B. Leach. The many friends of Dr. Leach will grieve with him and his good wife in their loss.

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The secretary of the Iowa State Board of Health has ruled that students of the medical colleges of that state, who fail in the sophomore year, must drop out of college and complete their preliminary work before they can continue the study of medicine in Iowa.

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We have just seen an editorial in *The Burlington Hawkeye*, which rises to attack the Iowa State Board of Health because it has brought action against a "naprapath" for practising medicine without a license. This shows how ignorant we are. We do not even know what a naprapath is!

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Sir Almroth Wright, author of the opsonic theory, has recently stated that he does not believe in the virtues of washing, fresh air, and physical exercise. Strangely enough, Sir Almroth has received a not inconsiderable endorsement of his views, and not altogether from the "great unwashed."

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A medical friend of ours who needs the money, offers two fine microscope lenses (one of them a 1-12-inch oil-immersion) at the ridiculous price of $25.00 for the two. The oil immersion lens alone cost $45.00 and is absolutely new. If any reader wants these, we advise him to speak quick. Write us direct and we will put you in touch with the owner.

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A representative of CLINICAL MEDICINE was present at the last meeting of the Tri-State Medical Association of Mississippi, Arkansas and Tennessee, which was held at Memphis, November 21 to 23. This meeting was presided over by Dr. J. W. Barksdale, of Winona, Miss. There was a large attendance and the program was unusually interesting.

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The taxation of bachelors, says the *Boston Medical and Surgical Journal*, has already become established in Europe. A report from Berlin announces that the diet of Reuss has recently placed a special tax on all unmarried men and women over thirty years of age, the tax to be 5 percent on annual incomes equivalent to $750 to $1500, and 10 percent on all larger sums. That's right—soak 'em! The care-free devils shouldn't have all the good luck!

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A charter has been granted for the Bronx Hospital in New York City. The institution will have a brilliant staff, the department of internal medicine being headed by Dr. A. Jacobi, president of The American Medical Association; the surgical staff including the names of Arpad Gerster and Willy Meyer; and the genito-urinary diseases and dermatology are in charge of our old and dear friend, Dr. William J. Robinson. We wish the new hospital every success.

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The census bureau has just given out a report of the mortality statistics for the year 1910. The returns relate to the so-called death registration area, which included for the year 1910 an estimated

population of 53,843,896 persons, or 58.3 percent of the total population of continental United States. In this area, the deaths, excluding the stillbirths, were 805,412, corresponding to a death-rate of 15 per 1000 people. This rate, although slightly higher than that for the preceding year, which was 14.4, is a low one, and represents a very favorable condition of the public health.

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Dr. Thomas G. Atkinson, professor of neurology and physiology at the American Medical College, St. Louis, will deliver a series of lectures at that institution, on the following topics: December 11, one on "Evolution," January 8, one on "Heredity," and February 5, one on "Developmental Pathology." We advise any of our friends living in or near St. Louis, to attend these lectures, which will be held at the college building, Lawton and Garrison Avenues. We are happy to announce that Dr. Atkinson will contribute a series of articles upon the "Therapeutics of Neurology," to this journal, the first to appear in our February issue.

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In the early part of 1912 *The American Journal of Surgery* (New York) will publish a special western number. Among the contributors we note the names of Drs. John B. Murphy of Chicago, A. J. Ochsner, Chicago, George W. Crile, Cleveland, J. E. Binney, Kansas City, E. Fletcher Ingals, Chicago, J. R. Eastman, Indianapolis, A. Ravogli, Cincinnati, E. O. Smith, Cincinnati, H. Tuholski, St. Louis, Nathaniel Allison, St. Louis, John C. Murphy, St. Louis, L. W. Ely, Denver, and W. H. Axtell, Bellingham, Washington. Any doctor who is interested in *good* surgery should procure a copy of this especially interesting number—or better still, subscribe. "Mac" is producing one of the best surgical journals published.

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In a bulletin recently issued by the Iowa State Board of Health, Dr. Guilford H. Sumner, its secretary, advocates the destruction of the rat, mouse and squirrel, since these animals are known to be concerned in the dissemination of bubonic plague. Rats coming in ships from the Orient have transmitted the disease to the squirrels and other rodents, and fleas, escaping from the plague rat or plague squirrel, may gain admittance to the home and thereby transmit the disease to human beings. As Dr. Sumner also points out, there is a disease known as "rat leprosy," capable of being given to human beings. Dr. Wherry dissected 9361 rats in California, and 20 of these were affected with leprosy.

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Why not own an automobile? If every doctor would only go about it, courageously and systematically, to collect some of the old accounts, he would not need to keep on driving "old Dobbin." There are ways of making people pay their bills and it is possible to do this without exciting the entire community and getting all the old friends into a frame of mind where they want to make life painful for you. Let me suggest that you investigate the unique plan of the National Rating League, (438 W. 63rd St., Chicago), whose advertisement you will find on another page. This is not a collecting bureau, but it will help you get your money just the same. One of the staff of CLINICAL MEDICINE has known Mr. Davis, manager of the League, for twenty-five years, and he vouches for the man and the essential squareness of his plan. Look it up.

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A recent number of *The Survey* contains an exceedingly interesting article, entitled "A Sea-going Hospital for Deep-sea Fishermen," by Dr. Thos. W. Salmon, of the United States Public Health and Marine Service.

Dr. Salmon shows that, while more than six thousand men go out from Gloucester to deep-sea fisheries, there is absolutely no provision made for the care of these men during sickness or accident. Thousands of men are engaged in this work along the fishing banks all the way from Cape Cod to the New Foundland coast. In the last ten years more than six hundred Gloucester fishermen have lost their lives, and, of course, this is only a fraction of those who are sacrificed in this perilous

occupation. The only provision made for these men, when sick or injured, is that provided by France, that government sending a hospital-ship, the St. François D'Assise, across the Atlantic every summer. Many American fishermen have to depend upon this ship for medical aid.

Now a movement is on foot to secure an appropriation from our government for a sea-going hospital-ship to be operated by our own Public Health and Marine Hospital Service. It is possible, for an initial expenditure of $25,000 and an annual outlay of from $10,000 to $12,000 per year, to keep a thoroughly efficient hospital-schooner on the American banks the year around. We urge every reader of CLINICAL MEDICINE to use his influence to secure the passage of the legislation providing for such a vote.

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Display advertisement, anno futuro:—"Doctor Uptodate Sawbones begs to announce that he has just opened his Regenerato Surgical Institute, where he will be ready to do bioplastic and substitutive operations according to the most approved methods. Nota bene: A full and complete assortment of livers, kidneys, stomachs, spleens, thyroids, testicles, ovaries, ears, fingers, and joints of every description constantly in stock, carefully preserved in my large, scientifically conducted cold-storage department. Perfect satisfaction and reasonable rates guaranteed. Best of references.

State-Board Examination Department

Edited by R. G. SCHROTH, M. D., 546 Garfield Ave., Chicago, Ill.

PHYSIOLOOY

1. Give the physiological composition of the blood, and the function of each part?

Blood consists of the plasma, or liquor sanguinis, a transparent colorless fluid in which are floating the red and white corpuscles. The function of the red corpuscle is to absorb oxygen and carry it to the tissues. The white cell carries off foreign bodies and aid in fighting infection.

2. Trace the different steps in the digestion of a bolus of food consisting of proteids, fats, starches, and sugars?

The food is masticated in the mouth, thoroughly mixed with saliva, and formed by the action of the tongue and cheek-muscles into a bolus, which is swallowed. The ptyalin of the salivary juices acts on starch, converting it into sugar. In the stomach, the food is thoroughly mixed with gastric juice, which breaks up the connective tissue of meat, and the proteid principles of food are converted into peptones. In the duodenum, the pancreatic juice is poured out, which latter consists of three ferments, or enzymes—trypsin, amylopsin, steapsin. Trypsin is a proteolytic ferment which converts proteids into peptones; amylopsin converts starches into maltoses; steapsin, or lipase, acts upon the fats, splitting them up into fatty acids and glycerin.

3. Describe the normal sounds of the heart and state how they are produced and where they may be most distinctly heard?

First sound, *"lubb,"*—produced by contraction of ventricles closing auriulos ventricular valves.
Second sound, *"duff"*—produced by closing of the semilunar valves, and it is most clearly heard at the apex beat, mitral area at the fifth left interspace, one-half inch inside of nipple line.

4. What is the result of a lesion of the spinal cord in cervical, lumbar, and sacral region?

Paraplegia below the part injured is present in most cases, and with it some amount of general shock. When the cord is disentegrated or divided, symptoms of spinal myelitis rapidly follow, and a fatal issue often occurs at an early date from toxemia following septic cystitis or sloughing of the nates. The special phenomena of paraplegia in the region referred to are: Complete paralysis of the muscles of both limbs, including those passing to them from the trunk; total anesthesia of the legs, gluteal and perineal regions, and possibly the lower part of the abdomen; if the vesical centers are destroyed, there is total paralysis of the bladder, with relaxation of the sphincter, dribbling of urine, which early becomes ammoniacal, and cystitis due to trophic changes; if the centers escape, retention with overflow is the usual results; the rectum and sphincter ani are paralyzed, causing incontinence of feces, the passage of which is unrecognized from the anesthetic condition of the anus.

5. Locate, and give function of the ductless glands.

Hypophysis cerebri, or pituitary body, located on the sella turcica of the sphenoid bone. Function not clearly determined. Carotid glands, small glands located at the bifurcation of the carotid artery. Function not known. Thyroid gland, two lobes situated on the lateral aspect of the upper part of the trachea. Fabricates an internal secretion having to do with the metabolism of the body. Extirpation produces disturbances of metabolism. Thymus gland, formative of red cells; some authors say, white cell also. Spleen, breaks down old cells or helps to regenerate them, and puts this nitrogenous breakdown material in a form so that when it is taken to the liver by splenic vein the liver can form urea out of it. Adrenal gland forms an internal secretion which has a tonic effect on muscular tissue, and, according to Sajous, influences metabolism.

NEUROLOGY

1. Give cause, symptoms, and diagnosis of epilepsy. (qlp 63.)

Cause: May be hereditary, due to tumors, injuries, reflex disturbance, syphilis, gumma, parasites such as tapeworm. Symptoms: Comes on with an aura, which may be by sight, smell, hearing, feeling or tasting something abnormal, as an illusion, hallucination or delusion; finally the patient falls without protecting himself and therefore usually injures himself, as by biting his tongue. High temperature results: slow, full, strong pulse; steamboat breathing; corneal anesthesia, contracted pupil; complete unconsciousness follows. Attack lasts from a few minutes to several hours or days.

Diagnosis is made by history of previous attacks and the symptoms.

2. What is dementia? Paranoia? Idiocy?

Dementia is insanity characterized by loss or serious impairment of intellect, will and memory. Mental aberration or eccentricity with perversion of the will. In pronounced cases it is a form of insanity, as paranoia. Complete congenital imbecility, extreme dementia, is idiocy. Paranoia is a monomania, insanity on one subject. Idiocy, amentia, is a condition in which a child is born with the absence of intellect.

3. Give diagnosis and treatment of tic douloureux?

The diagnosis of tic douloureux can not be mistaken, for it is commonly found in weak, thin patients, with anemia, and neurotic character, having a history of previous attacks of neuralgia, and it affects mainly the trifacial nerve, that is, the gasserian ganglion, which is the sensory part of the fifth nerve, and is characterized by a sudden painful spasmodic twitching pain in the region of the fifth nerve. The muscles are not affected. Treatment: To ascertain the cause and remove it. If due to syphilis, give potassium iodide and mercury. If due to anemia, treat the anemia. Injections of various drugs into the painful areas have been successful in many cases. Meckelectomy, or extirpation of gasserian ganglion.

PATHOLOGY

1. Give morbid anatomy of cerebral hemorrhage, and name the common cause when it appears in early life.

This may be due to embolus, thrombus or infarction of an end-artery in the brain, causing it to be plugged up. The area is rendered anemic and then undergoes softening. When it occurs in early life we usually suspect chorea, rheumatism, syphilis, endocarditis.

2. What is the pathological anatomy of pyelitis?

The pathology of inflammation of the pelvis of the ureter varies somewhat with the cause. It may be due to calculi, germs, trauma, cold. The epithelial cells lining the pelvis of the ureter are enlarged and become cloudy, finally swell up and may detach themselves. The mucosa has the vessel distended with blood, venous stasis results and there is infiltration and exudation into the surrounding structures. If germs are present degeneration of the tissue and pus formation take place.

3. Name the morbid anatomy of Hodgkin's disease.

Hodgkin's disease, or pseudoleukemia, is characterized by hyperplasia of the lymph-glands and by anemia, with no large excess of leukocytes.

4. Describe the lesions in typhoid fever.

Hyperplasia of the neighboring lymphatics, femoral phlebitis, thrombosis or embolism, cloudy swelling and fatty degeneration of the liver, spleen and kidney. The characteristic pathology is the inflammation and ulceration of Peyer's patches, which may be followed by perforation, intestinal hemorrhage, peritonitis, and death.

5. Hyaline degeneration—give its etiology and seats (qlp 90).

Hyaline degeneration affects most generally connective tissue, frequently the walls of the blood-vessels, with the production of a material similar to amyloid, but different in reaction. Etiology: Senility, acute infectious diseases, chronic inflammations, tumors. Seats: The blood-vessels of the brain, kidney, heart, ovaries, and lymph-glands.

BACTERIOLOGY

1. Micrococcus lanceolatus—describe process of staining. What is its significance and in what inflammatory conditions is it often observed?

Micrococcus lanceolatus, or pneumococcus of Fraenkel and Weichselbaum, is stained with the aniline dyes or by Gram's method. Cover the film with the stain, allow to act for two or three minutes, wash in water, dry with filter paper, and mount in Canada balsam. It is usually present in a large percentage of lobar-pneumonia cases, and has been occasionally found in croupous pneumonia, cerebrospinal meningitis, peritonitis, pleurisy, endocarditis, acute abscesses, otitis media. It is also present in the saliva of healthy persons.

2. What bacteria are associated with inflammation and suppuration?

The most common are the staphylococci pyogenes aureus, albus, and citrus; and streptococcus pyogenes. Bacillus pyocyaneus, pneumococcus, Friedlander's diplococcus, bacillus coli communis, bacillus typhosis, gonococcus, bacillus tuberculosis, and bacillus epidermis albus also are contributing factors in suppuration.

3. What is essential to the life of bacteria?

Most bacteria require (1) proper temperature, generally at or near that of the body; (2) oxygen is generally needed, those that cannot live without it being called aerobic, and those that can grow without it, anaerobic; (3) nutriment of a proper kind, containing both organic and inorganic materia; (4) a slight degree of moisture; (5) a medium of slightly alkaline reaction; (6) rest. Individual bacteria may require modifications of the above conditions.

4. Describe the method for determining the bacillus of tetanus, and state origin, form, properties, and growth?

The tetanus bacillus is a slender rod, from 3 to 5 microns long. It is easily recognized by its peculiar drumstick-like shape; the enlargement at one end has a spore. No flagellæ. Occurs singly. It liquefies gelatin, but not agar-agar. A moist, invisible growth is formed on potato; in bouillon it grows near the bottom of the culture tube, and produces gas.

5. What are the five nutrient media generally employed in the culture of pathogenic bacteria?

Gelatin, agar-agar, potato, bouillon, blood-serum.

GYNECOLOGY

1. Name three varieties of colpitis, with causes and symptoms of each.

(1) Gonorrheal, caused by the gonococcus of Neisser. An acute inflammation, attended with pain, irritation, redness and swelling of the parts, heat, and mucopurulent discharges. (2) Diphtheritic, caused by the Klebs-Loeffler bacillus. (3) Tuberculous, caused by the tubercle bacillus.

2. Differentiate between a partial inversion of the uterus and a polypus of the uterus.

In inversion of the uterus the presenting part will recede easily; a depression may be felt in the fundus through the abdomen. It rarely occurs except during confinement and then only when using traction on the cord. In polypus the tumor does not recede. It is more soft and bleeds readily on touching it; there is a history of uterine trouble of long duration.

3. Describe pruritus vulvæ, giving causes and treatment.

Pruritus vulvæ is an irritation or itch of the female genitals, which may be localized or general, and may be constant or intermittent. This may be due to certain chemical elements in the urine passing over the parts, uncleanliness, gonorrhea, rheumatism, chorea, or may be of neurotic origin. The treatment is to keep the parts clean by washing with soap and warm water; follow with some mild antiseptic solution like a 2- to 5-percent carbolic-acid solution. If due to specific disease, treat specifically.

4. Define metrorrhagia. Name two of its most common causes prior to the menopause. What would you suspect should it occur subsequent to the same? How would you verify your suspicion?

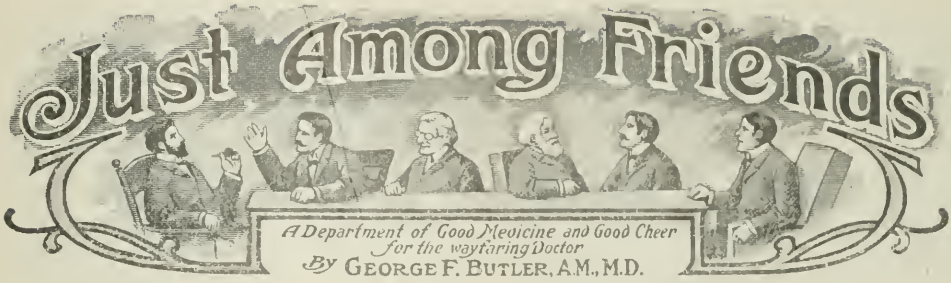
Metrorrhagia: bloody uterine discharge between the regular periods. Polyp and cancer are most frequent causes and therefore we should suspect these conditions if it occurred before the menopause. Suspicion would be verified by the microscope, by a thorough and complete physical and chemical examination of pelvis and all other parts of the body.

5. Give two indications for hysterectomy. Which do you prefer, vaginal or abdominal? State upon what ground you base your preference.

Fibroid tumors, carcinoma of the cervix or fundus of the uterus. Vaginal preferred, because it insures the lowest point of drainage; because it is accomplished with a slighter degree of shock; because it is more rapid; because it is not necessary to enter the peritoneum; because it offers less chance for infection.

6. Describe the pathologic effects caused by laceration of the cervix, and all reflex disturbances therefrom.

Locally, irritation followed by inflammation, edema and infiltration into the surrounding structures, followed by scar formation. The reflex disturbances are many: nausea, vomiting, anorexia, headache, neuralgia, anemia, hallucination, illusion, delusion, and in fact any symptoms from a slight case of headache to a severe case of insanity.



I HAVE sometimes thought that if the Lord means to destroy a man he first makes him moderately rich—gives him just enough money to turn his head and then leaves him to his own devices. What such a man is not capable of in the way of meanness is not worth mentioning. A millionaire snob is bad enough, although he is of full growth and can be tolerated, but the consequentiality that stalks up and down the earth like a bantam in the midst of eagles, and fills the air with feathers and squeaks, is a type to make men weary.

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Do you not know such people? Some of them live in the suburbs of large cities because the rents are cheap, not because they have any love for pure air and nature. They form themselves into cliques and call themselves "the best society," when they know no more about the "best" than a city alderman knows about the court of a king. They apply the standard of the purse and never that of the brain. They will frown upon a young man who publicly associates with anybody outside of their "set," but overlook the fault if he ruins a poor girl quietly and without exposure. Breach of purity is more readily condoned by them than breach of etiquette. They tolerate dudes so everlastingly fragile of brain and limb that they ought to be kept in cotton like Florida orange buds, yet look with disfavor upon young men and women who work for a living. They patronize the arts in the same way that a butterfly patronizes a rose. They sing a little and dance a great deal, and play bridge, and talk together with about the same display of wisdom that characterize the counsel of a herd of sheep or a flock of crows. They look down upon people who are not willing to go through life "like peas in a pod" or like "tallow dips in a mold." Their enthusiasms are well enough, so far as they go, but they never unfurl more than a square inch of bunting at a time. Their value in this wide world of action is very much what the value of tin soldiers would be on a field of battle—very neat, very shining and correct, but nothing but toys after all.

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They have enough money to keep automobiles, but whom do they take to ride? The poor and the sick, the discouraged and the forlorn? Not to any monotonous extent. Their favors are not given without due regard to future returns. They do generous things in the same way that they give wedding presents—with an eye to value received. They might meet a fellow creature on a plank in the middle of the sea or on an oasis of Sahara and never presume to speak without formal introduction. Oh, I am tired of talking about them! Were I the wind I should blow them away like dandelion disks. Empty-headed, with hearts of steel and bowels of brass! May the Lord who allows such shoddy folk to live appoint them a corner to themselves in the "sweet by and by."

—

Should you settle down for the express purpose of communing with yourself on a mighty question, and knit your brows as they were never knitted before, to solve that question, namely, What is the greatest thing in the world? your answer might be, "Charity"—in which case you would score an even hundred. Charity is the greatest thing in the world, for its application is the lubrication of the wheels. Charity wisely directed is mostly benefi-

cent. Charity carelessly directed is most maleficent, and the study of its use, the occupation of its guidance, are tasks that should be the portion of every man.

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"Pshaw!" you say, "there is altogether too much charity. Cut off a little, and our streets will be clear of the large number of miserable, dirty, disgusting mendicants that actually infect civilized communities. Close your ears to all appeals for charity, and this whole army of maudlins and bleared-eyed ones will shake themselves together for a living with the rest of us, or starve."

And here you would score again, for you would hit the malevolent side of the subject squarely. Almsgiving has long ago ceased to be a virtue. It is easy, disastrous, and promotive of more vice and abject dependence than anything else.

This is a generalization.

—

The "God bless you and yours, and keep you well" that follows the dropping of a nickel into the dirty paw of the sot who is "looking for a night's lodging" is but his audible expression of his thought that you are an "easy-mark." And you are very sure that your nickel will shortly add color to his nose.

—

Not long ago I walked down Van Buren Street, in the neighborhood of Clark, and from no less than twenty-seven more or less dark or brightly lighted doorways slouched twenty-seven miserable wretches for "a bite to eat" or "a nickel for a bed," all looking for wasted pity in the form of carelessly directed charity, all tending to steel the heart against those who really need charity of the almsgiving type.

—

Another class of "petitioners for aid" is to be found in our churches. These are examples of social nuisances; and, whether in the pulpit or on the committees, they have admirably succeeded either in depopulating the congregations, or dividing them into the smiled-upon, catered-to Much and the sneered-at uncomfortable Not-So-Much.

For one, I don't care whether the poor, overworked pastor spends his summers abroad or suffers with the rest of us here. I don't care whether he feels that he has outgrown the comfortable, warm, paid-for, wooden meeting-house and wishes a big pile of cold, aristocratic stone with its four-bank organ and three-bank mortgage. If my mite in the collection-box each Sunday or my pew-rent each quarter doesn't fetch 'em, they will go without their desires and wants, for all of me. I will take a back seat with the unushered Not-So-Much or find a more congenial place to spend my Sundays.

So this, then, is another form of charity that, it seems to me, we may safely do without—the Charity-that-Buys-a-Social-Standing.

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The charity that *is* charity is that doled out in careful measure to help man to help himself.

Know well your man. Learn of him as best you are able, then treat with him. Judge him not wholly by his work, for you might be led astray. Consider his environment, his past, his desires or ambitions, and your opinions or faith in his possibilities. Should the looked-for charity be a matter that touches your pocket, beware lest you do a fool trick. Bear in mind that the desire for financial aid is by far more common than the want of it: that Rapacious-Ones are always rubbing up against you with outstretched hands, eagerly looking for a chance to better their conditions without effort on their part. These people are not wholesome, and to grant them their request is to appease but momentarily. They are Borrowers, and as such are always borrowers—insatiable borrowers.

—

Loan to a friend, and in nine cases out of ten you lose a friend. You buy him for the face of your loan, but he is not a great bargain.

On the other hand, should he *need* your financial assistance, open your ears and your heart to him. Study well your part. Help him to help himself.

An incident in the life of the late C. P. Huntington, railroad magnate, juggler of millions, and the checkiest all-round government robber that I ever knew of, but a thorough student of human nature, bears admirably on charity toward the needy that is of the right sort.

A young man entered his office one day, and by the mere chance of being seen by his benefactor, who caught a glimmer of something worth while in his face, he was allowed an audience with His Highness.

"Mr. Huntington," he said, "I have come to you for work. I am hungry."

"Why are you out of work?"

"Because I am a stranger in this city. I have walked the streets for two weeks, begging at every counting-room for something to do, until it seems to me I can go no further."

"M-m-m! At every counting-room, eh? And you really want work?"

"I have eaten nothing since yesterday morning. I haven't a penny, and I must have work or starve."

"Young man," said the millionaire, "here are three cents. Go to a baker-shop and buy three rolls and eat them. Then stand on the sidewalk until you see a load of coal. Follow that load and get the job of putting it into the cellar of the person who has bought it. You can charge half a dollar for your work. That's good advice, and it is worth thousands of dollars to you if you will follow it and are taught the lesson it is meant to teach."

The young man followed his advice and did not disappoint the judgment of his patron, who points with pride to his right-hand man as a once hungry beggar.

—

"Earn what you get, and be dependent upon yourself alone," is the advice that is the very truest form of well-directed charity.

But the charity that is the most creative and the most constructive is the charity that touches not the purse—the Charity-of-Words.

How little we realize this!

How careless we are with our words of praise and condemnation!

How changed could be our own lives and the lives of others by the more frequent thought of consequences.

A man often dons the mantle of Antithenes, and is driven to say, in defending himself or his work from the condemnation of thoughtless ones: "Pshaw! what do I care for public opinion? If people don't like me or my work, they may talk as they please, I don't care." But deep down in that man's heart is quite a deal of suffering. He does care, protest as he may; and he is saddened, and his work is saddened, so that he loses courage in his endeavor or enterprise. He sinks because of the thoughtlessness of his brother man.

—

Criticism, though it be adverse, is valuable, for it is instructive.

Sarcasm is of worth, because it stings to a retort.

But cynicism is the snarling of the diseased mind of one who has lost the virtue of decency, and judges the one he snarls at from his own standpoint of narrow nastiness.

Better the stiff, high collar of *hauteur* than the grunting, growling tongue—relief of a dyspeptic.

Better still, the inexpensive but true charity or worth that may be displayed by a little thoughtfulness of the if-I-were-in-his-place type.

Criticise—but kindly.

Condemn, if you feel justified; but give your reasons for the condemnation.

Praise when you can, for no man and no work ever gets beyond the need of that.

It is Charity—real Charity.

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And now let us lay aside our philosophizing for the time and turn again to some of the things that may help us in a practical way in dealing with these troublesome everyday problems — how many they are and how they do come to vex us!

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Here are some significant symptoms which it is well for every doctor to remember:

A tendency to sleep with the hands tightly clasped over the head suggests

some form of dyspepsia or some stomach trouble.

A dull pain at the back of the head with lassitude and despondency is generally an evidence of an excess of phosphates in the urine.

Drooping eyelids that cannot be voluntarily raised, unless following injury or disease causing paralysis of the third nerve, are apt to indicate apoplectic plegia.

A small movable pea-like body in the lobe of the ear, a deposit of urate of sodium, suggests a gouty or rheumatic diathesis.

When the body of a patient with albuminuria is swollen the kidneys are apt to be enlarged, when emaciated these organs are probably contracted.

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When the feet alone are swollen the heart is usually involved, when the abdomen only is swollen the liver is usually at fault.

A persistent bad taste on rising in the morning, independent of stomachic derangement, is apt to point to threatening cardiac trouble.

Club-shaped ends of the fingers suggest phthisis, heart disease or empyema.

Constant burning heat of the body, regardless of temperature, combined with lingual tremor and difficulty in preserving equilibrium, is most suggestive of threatening paralysis agitans.

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When the muscles of the abdomen with the movement of the diaphragm flap up and down, suspect lesion or disease of the spinal cord.

When a perfectly sound leg drags after its fellow and there is inability to raise it from the ground, it is apt to be evidence of impending disease of the spine.

Inability to stand steadily with eyes closed, nervousness when descending stairs, raising one leg unnecessarily high to cross it over the other, hesitating in rising from a chair when bidden are considered as partial evidence of incipient locomotor ataxia.

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Severe pain in or about the heart, with paroxysmal sinking spells and anxiety, if coupled with mitral sound at the base of the heart or aortic sound more pronounced than the pulmonary, is apt to be evidence of true angina pectoris due to organic disease, atheromatous deposits or valvular incompetency.

Superficial varicose veins on the abdomen are evidence of deep venous obstruction and may indicate cirrhosis of the liver.

A hard, rigid, inelastic femoral artery, the vessel feeling like a small gaspipe, suggests gangrene of the foot or leg in the near future.

Continuous headache, either deeply seated in one spot or referred to the whole cranium, which never leaves even temporarily when treated is probably evidence of organic disease of the brain or its membranes.

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If we work constantly for the good of others, our suffering patients, truly we should be mindful of our duty to *each other*.

Let us ever cultivate the spirit of brotherly love, remembering that "Love, the fairest of all fair things, that ever to man descended, grows rank with poisonous stings unless it is watched and tended."

I may say as loudly as I please to myself, "I am not my brother's keeper," but I am, and cannot escape the responsibility.

Workers in such an altruistic calling as ours should stand together, for but few of the world's honors come to us. Its wealth goes in other directions. There is not one of us, however humble and exalted our position, that would not have had greater financial returns in almost any other calling.

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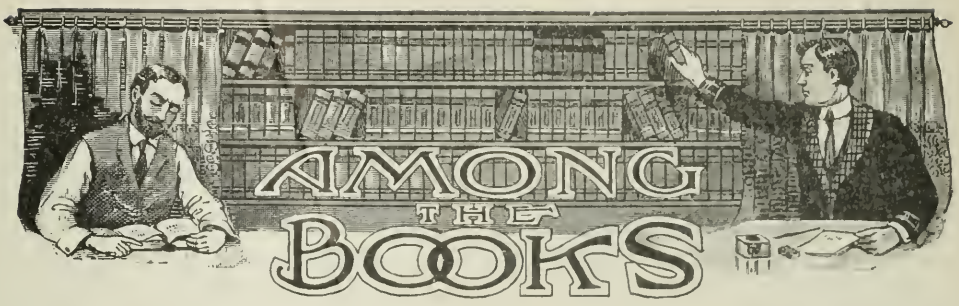
There is no better evidence of true friendship than to speak of a man's vices to his face and of his virtues behind his back. No human being can live a life so true, so fair, so pure as to be beyond the reach of malice or immune from the poisonous emanations of envy. The insidious attacks against one's reputation, the loathsome slurs, half lies, by which jealous mediocrity seeks to ruin its superiors are like those insect parasites that kill the heart and life of the mighty oak. So cowardly is the method, so stealthy the shooting of the poisoned thorns, so insignificant the separate acts in this sinning that one is not on guard against them.



DORLAND'S "MEDICAL DICTIONARY"

Dorland's American Illustrated Medical Dictionary. A new and complete dictionary of terms used in medicine, surgery, dentistry, pharmacy, chemistry, veterinary medicine, nursing, biology, and kindred branches; with new and elaborate tables. Sixth edition revised. Edited by W. A. Newman Dorland, M. D. Large 8vo of 986 pages, with 323 illustrations, 119 in colors. Containing over 7000 more terms than the previous edition. Philadelphia and London: W. B. Saunders Company. 1911. Flexible leather, $4.50 net; thumb-indexed, $5.00 net.

That a dictionary should reach a sixth edition within eleven years, as also being revised five times, tells the story of appreciation by the profession as well as of the unremitting diligence, on the part of the compiler, to keep his work fully up to the increasing demands of the times.

Dr. Dorland possesses in unusual degree the qualities required for the task of preparing a dictionary. He is an accurate, logical thinker, capable as few are of expressing an idea clearly in brief terms. This writer's acquaintance with Prof. Dorland dates back a quarter of a century. Even at that time he noticed the man's remarkable ability, in that he could take a lengthy magazine article of, say, twenty pages and present the gist of the matter in twenty lines.

A dictionary is a necessity to every physician. You cannot pick up any progressive medical journal of the day without meeting new terms the meaning of which you must comprehend in order to understand the article. Dr. Dorland seems to have realized this need in a remarkable manner, and one would think that he must have gleaned from the world-wide medical literature all the newly introduced terms up to the day that his dictionary went to press. One of the latest designations occurring to us just now is the word hormone. We turn to his dictionary, and sure enough, there it is! As a matter of course, we find the word opsonin here, and in addition to that fifteen derivatives, namely, opsogen, opsonification, opsonize, opsonified, opsonology, opsonometry, opsonophilia, opsonophoric, etc. We look for Ehrlich's Theory, and find not only this, but forty-six other "theories" described. The enumeration of nerves, tests, muscles—one wonders why one could not take this book and prepare for the state-board examination. Certainly, if such examination involves the refreshing of the memory on old matters that once were familiar and brushing up on the newer terms in medicine and the ideas back of them, it is difficult to see what more one would need.

KEEN'S "SURGERY"

Surgery. Its Principles and Practice. By Various Authors. Edited by William Williams Keen, M. D., and John Chalmers Da Costa. Vol. V. Philadelphia: W. B. Saunders Company. 1911. Price $7.00.

The present volume completes this beautiful work on surgery and covers a variety of subjects, beginning with several chapters on regional surgery, such as surgery of the vascular system, surgery of the female genitourinary organs, etc., two very important chapters on surgical technic, on amputation, plastic surgery, anesthesia and anesthetics, both general and local, and so forth.

The last chapter, which closes the work fittingly, deals with the surgical organization of a hospital, and is written by Dr. Albert J. Ochsner, whose special studies on this subject are well known.

Among the several large systems of surgery which have been published during the last years, that edited by Dr. Keen is prominent for the excellence of the text, the beauty of type, illustrations, and general book-making.

VISITING LIST

The Physician's Visiting List (Lindsay & Blakiston's) for 1912. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St. Price $1.25 to $2.50, according to style.

Blakiston's Visiting List is an old favorite with many physicians. The text in this issue contains a table for calculating the period of uterine gestation, a list of incompatibles, hints for the treatment of poisoning, a chapter on the metric system, a dose table, information on asphyxia and apnea, and, finally, a comparison of thermometric readings. The book is small and compact, and very neatly put up.

A NEW BOOK ON PELLAGRA

The C. V. Mosby Company, of St. Louis, announces the publication, by about the first of the year, of a book on Pellagra. This book is being prepared by Dr. Stewart R. Roberts, of Atlanta, Ga., who has just returned from Italy, where he studied the disease in its natural habitat. While in Europe, the Doctor made extensive researches regarding the etiology and treatment of pellagra, and the data contained in his book will reflect the latest and best work that has been done in connection with this disease, making it a reliable guide to those seeking information on the subject.

HOWARD'S "START YOUR CHILD RIGHT"

Start Your Child Right. Confidential Advice to Parents and Teachers. By William Lee Howard, M. D. New York, Chicago, and Toronto: Fleming H. Revell Company. 1910. 135 pages. Price 75 cents net.

Books on sexual education, which of course includes venereal prophylaxis, are becoming fairly numerous, and the signs of the times show that the trend is in favor of fuller education in matters pertaining to sex. This is as it should be, for the idea that ignorance is the best protection for adolescent boys and girls is all wrong and even vicious, the more so, as the prevailing ignorance is really a mass of perverted information acquired in the most undesirable manner possible.

Dr. Howard is right in claiming that the proper teaching of the laws and modes of reproduction does not harm the budding mind, but rather tends to increase its veneration for the wonders of creation, while certainly acting as a safeguard. True, for a long time an unsatisfactory period of transition is unavoidable, because we physicians must first be taught ourselves and thereafter teach the parents. But the time is not far when the parents will have come into their own as the proper teachers of their children, and the result will be of immeasurable advantage to future generations.

Doctor, you would better procure this book right away and then study it carefully. Read it first of all as a father, and let your wife read it. Then, when you have digested its contents well and discussed them with your wife, and perhaps with other physicians, advise your clients to buy and to study it.

The Bookworm wishes to support Dr. Howard's objections to the existing system of coeducation, which is vicious in practice and productive of great harm, whatever may be said in its favor theoretically. He also wants to repeat once more: Doctor, buy this book, and do it now.

GORTON'S "HISTORY OF MEDICINE"

The History of Medicine, Philosophical and Critical, From Its Origin to the Twentieth Century. By David Allyn Gorton, M. D. Two Volumes. Thirty-seven Illustrations. New York and London: G. P. Putnam's Sons. Octavo. Price $6.00.

"The author," we read in the preface, "has endeavored to give to this work a comprehensive review of the evolution of the art and science of medicine from its beginning, and at the same time to set forth its institutes, or the principles upon which it is founded. He has traced the development of medical systems and hypotheses, of sects and theories, and has pointed out their influence in directing the course and progress of medical science and art. While he has indulged freely, but without prejudice, in criticisms, the author pleads that this was necessary to a clear illumination of his theme. The history of medicine and its related sciences is largely that of civilization."

To the foregoing exposition, we need add only that the present study of history is frequently made more interesting and attractive by the author's philosophical contemplations, even if we can not always agree with him. If we are to add a criticism, we would point out to the publisher the faulty arrangement of the illustrations, which could easily have been inserted in their proper places in the text. We also must object to the faulty German proofreading, which is the more noticeable, as French quotations are rendered almost invariably correctly. In spite of these technical faults, we enjoyed perusal of the work and recommend it to those interested in the subject—as every wide-awake physician should be.

LOCKE'S "FOOD VALUES"

Food Values. Practical tables for use in private practice and public institutions. By Edwin A. Locke, A. M., M. D. New York and London: D. Appleton & Co. 1911. Price $1.25.

This little volume presents a series of very useful tables illustrating the food values of prepared foods, of alcoholic beverages, as well as the average chemical composition of American foods. The introduction briefly discusses the classification of foodstuffs, the uses of foods in the body, the methods of calculating food values, the food requirements of the body in health, the body's reserve and the cooking of food. The very complete index renders the search for any specific information easy.

"PARIS MEDICAL"

Among the French exchanges that come to our table, the *Paris Médical* is one of the most highly prized, because in its weekly visits it always affords a rich selection of articles, both instructive and entertaining. This journal, edited by Professor A. Gilbert and counting among its editorial collaborators such men as Jean Camus, Paul Carnot, Albert Weil, and others, is just rounding out the first year of its existence and has, in this short period, certainly made good its claim to admission into the medical journalistic field.

While the body of the individual numbers is devoted to strictly scientific discussions, to reviews, original articles, and reports of medical societies, the advertising pages contain, besides the usual advertisements to be found in medical journals, various feuilletons, and among these interesting sketches bearing upon the history of medicine. They also contain amusing medical cartoons, both modern and old, dietetic and therapeutic notes, books reviews, and medical news. From time to time special numbers are issued on definite subjects. Just now we have before us the number for November 4, which is devoted to therapeutics and contains the following original matter: Paul Carnot; Annual review of the therapeutics of 1911: Richaud; the new Codex (French Pharmacopeia), its usefulness for the physician: Mayor; the methodical employment of digitalis in small doses in the preventive treatment of asystoly: Rathery; intravenous injections of bicarbonate of sodium in diabetic coma: Dominici and Chéron; radiumtherapy of deep extrapulmonary tuberculosis: Besredka; antianaphylaxis.

The reports of medical societies have often afforded us valuable information and have been abstracted freely for CLINICAL MEDICINE. Those of our readers who have a sufficient command of the French language would surely find a subscription to this journal a good investment. It is

published by J. B. Baillière et Fils, 19 Rue Hautefeuille, Paris, France, the subscription price being 15 francs per annum, outside of France.

LOWRY'S "HERSELF"

One of the most difficult tasks one can attempt is that of imparting to non-professional people information concerning the sexual relations. I have read many such attempts, and they did not meet the situation. Some were veiled in terms unintelligible to the laity, others were vulgarly and brutally frank. The most common fault is that the author occupies a plane so different from those for whom he writes that they never intersect. He preaches, or he shows, he thinks, not as a man but as a preacher, and hasn't a glimmer of appreciation of the thoughts, needs, and mental methods of his audience.

The exception came in the shape of Edith B. Lowry's book, "Truth Talks with a Boy." That book is simply admirable, It is delicate, inoffensive to the most fastidious, interesting; taking up the sex-subject with the plant, proceeding thence to the fish, frog, fowl, and in a most natural way to man, in a way to impart the knowledge with never a note of pruriency or coarseness. I repeat, it is admirable.

Dr. Lowry's new book, "Herself; Talks With Women Concerning Themselves," is, of course, different, being designed for more mature intelligences; yet it presents the same characteristics of full information in comprehensible terms, without coarseness, vulgarity, or that top-lofty, forbidding or condescending attitude that repels the reader. Dr. Lowry's books are published by Forbes & Co., and presumably can be obtained directly from the author herself, addressing to 39 W. Adams St., Chicago.

MERCK'S "MANUAL OF THE MATERIA MEDICA"

Merck's Manual of the Materia Medica. Fourth edition. A ready reference pocket-book for the physician and surgeon. Containing a comprehensive list of chemicals and drugs—not confined to "Merck's"—with their synonyms, solubilities, physiologic effects, therapeutic uses, doses, incompatibles antidotes, etc.; a table of therapeutic indications, with interspersed paragraphs on bedside diagnosis, and a collection of prescription formulas, beginning under the indication "Abortion" and ending with "Yellow-Fever"; a classification of medicaments; and miscellany, comprising poisoning and its treatment. Further, an extensive dose-table, a chapter on uranalysis, various useful tables, and other desirable information.

Published by Merck & Co., 45 Park Place, New York. Sent on receipt of forwarding charges of 10 cents, in stamps.

MUNRO'S "SUGGESTIVE THERAPEUTICS"

Handbook of Suggestive Therapeutics. Applied Hypnotism, Psychic Science. A manual of practical psychotherapy, designed especially for the general practitioner of medicine and surgery. By Henry S. Munro, M. D St. Louis: C. V. Mosby Company. 1911. Price $4.00.

The book before us has the decided advantage over most treatises on psychotherapy, that it presents its subject in a readable and comprehensible manner, being remarkably free from the involved and difficult psychoanalytical considerations which make the study of this important and otherwise interesting subject almost impossible to all but the initiated.

To begin with, the author attracts the curiosity of the reader and engages his interest from the start by showing clearly how immediately important and valuable psychotherapy is for the general practitioner in his daily work, tracing the connection with such everyday occurrences as the treatment of consumption and other frequent affections. We do not mean to say that the author has left out all theoretical considerations; but his theory is so immediately applied to practice that it never becomes tedious. To the reviewer, Dr. Munro's discussion came somewhat as a revelation, although he had hitherto not neglected this kind of literature entirely. Its study will repay the readers of these lines.

PLEASE NOTE

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report their results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

QUERIES

QUERY 5763.—"Citrine Ointment. Resin Ointment." C. A., Indiana, wishes to know how to prepare citrine ointment and resin ointment.

Citrine ointment (unguentum hydrargyri nitratis) can be procured from any well-supplied drug store. It is made with: mercury, 70 parts; nitric acid, 157 parts; lard oil, 760 parts—full instructions being given in the U. S. Pharmacopeia. However, we do not advise you to attempt to prepare the ointment yourself. It should rarely be used in full strength.

Resin cerate (ceratum resinæ) is official in the U. S. P., and is made as follows: Take of resin, 350 Grams; yellow wax, 15 Grams; lard, 500 Grams. Melt together at a moderate heat. Strain the mixture through muslin and allow to cool without stirring. In practice, 7 ounces of resin, 3 ounces of yellow wax, and 10 ounces of lard, melted together at the lowest possible temperature, and strained, will produce a satisfactory preparation.

Compound resin cerate (Deshler's salve) formerly official in this country, is directed to be made, by the British Pharmacopeia, as follows: Take 113 grains of resin, 112 grains of yellow wax, 150 grains of suet; 58 grains of common (thick) turpentine, 67 grains linseed oil, heated until an even mixture is secured, strain through coarse muslin and stir until it begins to congeal.

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QUERY 5764.—"The 'Ready-Made' Prescription." J. H. J., Virginia, wants a medical book giving ready-made prescriptions for any and all complaints encountered by a physician.

Now, doctor, such a compilation is a very poor guide and cannot be commended. The "positive therapeutist," as regular CLINIC readers well know, does not treat "named" diseases, but, rather, he recognizes the pathologic conditions presenting themselves, and so gives the appropriate remedial agents, in small, frequently repeated doses until the desired effect is obtained. It is true that a fairly constant clinical picture is observed in certain disorders. Hence, for convenience, we still recommend a *basal*, fundamental treatment for what passes as "pneumonia," "typhoid fever," and other socalled disease-entities, and if you have a copy of the "Digest of Positive Therapeutics," you should read the therapeutic suggestions you find there. You should have a copy of the "Textbook of Alkaloidal Practice," in which the various diseases are described and the appropriate therapeutic measures fully outlined.

As for "prescription formularies," such as asked for, a score or more will be found enumerated in catalogs of medical books. If we were to single out one of them, we might name, as perhaps the most comprehensive and thorough work of this kind, Yeo's "Manual of Medical Treatment and Clinical Therapeutics" (two volumes). Here each pathologic condition is described, its cause considered, and dietetic, medicinal and other indicated therapeutic procedures

are discussed in detail. The formulas the author has found most useful are given in full, besides others gleaned from reliable sources.

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Query 5765.—"Morbid Drowsiness: An Interesting Case." R. B. C., Connecticut, describes a case which puzzles him.

"Mr. X, aged 33; French-Canadian descent, born in this country; mechanic, works over a coal fire; weight 172 pounds; well nourished, in fact a picture of health; appetite good, bowels and urinary functions regular. Married, has two children, and in every way is a normal, strong, healthy young man, except for the following:

"About ten years ago the young man noticed he could not attend church without falling asleep, but gradually he had to give up lodges, theaters, entertainments of any and all kinds, until three years ago he began to fall asleep at his work, which was dangerous, being around machinery. He never spent an evening at home, whether in company or not, but what he would fall asleep even while talking. He was cleaned out with calomel and physics, and kept on intestinal antiseptics for months; meats were cut out, and he was kept from the shop for a week (thinking that coal-gas had to do with it)—but there was no improvement. Previously to this a shout or any sudden noise would arouse him; but now this was very difficult, even shaking and pinching would have little effect. He is afraid to do work, as one day he fell asleep while upon a staging, shingling his house.

The patient's pulse is 68; temperature, 98° F. Lungs and heart good; bowels, liver and spleen normal. No indican in urine; specific gravity 1019; slightly acid; no albumin, no sugar; reflexes normal. Habits perfectly good. Never drank; formerly used tobacco, but has not for six months. The patient draws plough- shares in a farm-implement factory. The shares are heated on a bed of anthracite coal by his helper and he draws them into shape under the trip-hammer. None of the other workmen ever suffered in like manner."

We have read with interest the facts given in this letter. Strangely enough, a case of somewhat similar character is reported, in the current issue of *The Pacific Medical Journal*, by Dr. S. McGibbon, Calabacillas, Chih., Mexico. In Dr. McGibbon's case a woman, 51 years of age, has for the past twenty-eight years been afflicted with an irresistible desire to sleep from eight to fifteen times a day, regardless of the time, locality or nature of the work at which she for the time being may be engaged.

The doctor has followed this interesting case closely for months, and gives the results of his examination. The patient states that her father, who was a miner, was afflicted with the same trouble, and finally was not allowed to enter the mine, for fear of being accidentally killed. The doctor concludes that he is dealing with a case of intermittent somnolence due to a hereditary neurosis, this conception being based on family history, lack of determinable organic lesions, absence of the pharyngeal reflex, and the presence of hot flushes. We suggest that you procure a copy of the journal.

In your case we must take into consideration the presence of the furnaces. Constant inhalation of the gases which naturally are generated (carbonic oxide, etc.) may have produced changes in the blood or caused the formation of toxins which would produce this abnormal somnolence. Again, we must remember that morbid drowsiness may be due to hepatic derangement, malarial infection, anemia, syphilis, or even autotoxemia (intestinal indigestion). (Several of these factors might be contributary.) Such persons can hardly sit through a lecture or church service, or any exercises requiring quiet attention.

Careful examination of the patient and his secretions and the exhibition of indicated remedies at this stage may prove effective, but this morbid drowsiness may assume a more serious form, until finally the patient suffers from narcolepsy (paroxysmal sleep). Unfortunately, however, this condition, though sometimes congenital and in other cases the result of overfeeding and retention of waste, is generally of purely nervous origin, i. e., due to a change in the nerve-centers, of a vascular

or chemical character. For such patients little or nothing can be done. Occasionally periods occur more frequently, last longer, and the patient passes into a comatose condition from which it is extremely difficult to rouse him.

In the first stage of somnolence the individual merely is dull, drowsy and indifferent, and if he loses appreciation of his surroundings at all, it is for only a few moments, and he will respond promptly when spoken to. A more profound impairment of consciousness marks the soporific stage. The patient sleeps and is indifferent to his surroundings, but can be roused. To questions he replies in monosyllables, and if compelled to move, has a confused notion of his environment. If left alone, he promptly sinks again into his abnormal sleep, which is frequently attended with muttering or snoring.

Finally, we have to deal with stupor. Here the patient can only be roused with difficulty. He replies reluctantly and relapses at once into this previous condition. The expression of the face is dull and stupid. From this stage he may rapidly pass into a comatose condition with complete loss of consciousness. The patient cannot be aroused. The face is expressionless, the respiration stertorous, the mouth open, the tongue dry. Swallowing is impossible, the sphincter ani is relaxed, there is urinary incontinence or retention. The breathing is frequently irregular; it may be irregularly interrupted or show the Cheyne-Stokes modification.

If you have access to Wilson's "Medical Diagnosis;" "Nervous Diseases, Organic and Functional," by Starr; or Dana's "Nervous Diseases and Psychiatry," you will find abnormal drowsiness and narcolepsy adequately discussed.

We have pointed out that we can hardly hope to cure or even markedly relieve a true narcolepsy of nervous character, that is, when the trouble is not due to a humoral poisoning or organic disease. Such cases are not common. Females are affected more often than males. The susceptible age is from fifteen to forty. It is claimed that the disorder has been brought on by fright and overstrain.

Syphilis, malaria, anemia, and autointoxication being excluded, and no organic lesion discoverable, it would be wise to order change of occupation and climate. A very thorough eliminative course should be instituted, copious saline enemata administered, and the patient placed upon a simple but nutritious diet. The bromides have been recommended, but we should be inclined to give him solanine, lecithin, and nuclein. We should have the patient use some reliable preparation containing the bacillus bulgaricus. We should have him practically live in the open air. He should breathe deeply, to oxygenate the blood. We need not call attention to the necessity for examining the urine from time to time, and of maintaining the normal output of urea and solids. Frequent salt sponge-baths will maintain elimination by the skin.

These are suggestions merely. It is obvious that medication, to be intelligent, must vary from time to time and be based upon the changing conditions present in the individual. We should not allow tea, coffee, tobacco or alcohol in any form, and try to reduce the individual's weight fifteen to twenty pounds. Perhaps the best thing you can prescribe for this particular patient is a year's work on a cattle-ranch, or, if this is out of the question, on a farm. We trust you will continue to observe the patient closely and report your observations from time to time.

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Query 5766.—"Onychomycosis." F. M. S., New York, has been observing a patient in the Skin and Cancer Hospital for nearly a year. "She has lost all of her finger-nails from a pyuric condition. Practically everything has been tried (there are about two hundred doctors at the clinic once a week), but the trouble persists. Calcium sulphide, up to 12 grains a day, has been given for weeks. However, the chemical may not have been of good quality. I believe that with the intestinal canal clean, calcium sulphide of the right kind will stop the forming of pus. Do you think that it will?"

We doubt whether calcium sulphide alone would prove remedial in the case described. You may have to deal with an onychomy-

cosis (tinea trichophytina, tinea unguium, tinea favosa). In this condition usually the distal end of the nail is affected first, becoming brittle and friable, grayish or yellowish in color; later the whole nail is implicated. Beneath the distal portion is an accumulation of epithelial matter and debris; suppuration at this stage is not uncommon. Similar conditions are seen, however, in connection with psoriasis, eczema, and other chronic inflammatory dermatoses, while, moreover, not infrequently occurring as the result of impaired general nutrition or trophic disorders, as also in patients of gouty or rheumatic tendency.

A positive diagnosis is essential in order to obtain a cure. The diagnosis must be based, as a rule, upon a microscopical examination of the discharges and scrapings. The blood and urine should be examined in every case. A course of calcium sulphide, nuclein and echinacea, with or without arsenic sulphide, might prove promptly beneficial but we could hardly expect calcium sulphide alone to meet the requirement. The local use of germicides is essential, of course.

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QUERY 5767.—"Post-Scarlatinal Nephritis and Streptococcus Infection." A. P. A., Wisconsin, presents the following clinical data and asks suggestions:

"In May, 1911, a boy aged 15, slim and rather tall, began to complain of pain in legs and knees. When seen he had some fever, temperature being about 101° to 103° F.; a "strawberry tongue"; this condition was followed by scaling of the whole body. It looked as if he had had scarlatina. His throat had been slightly sore, but his mother had not seen any rash. The wrists soon puffed up over the dorsal surface; they were slightly sore, but there was little pain. Then, later, there was some complaint of pain in feet and ankles, pain around the heart, and at one time within the first two weeks of his illness he complained of considerable pain under the lower border of the right lower ribs. I concluded it was in the liver; but this pain soon disappeared, as well as the pain in the cardiac region. His appetite was good all the time, still we kept him mostly on milk and buttermilk. During the first three weeks temperature continued high; in the afternoon (usually about three or four o'clock) he would feel slightly chilly, after which the temperature rose to 103° or 103.6° F. At night it would drop again. In the forenoon, until ten or eleven, he sometimes had no fever.

"Through the months of July, August, September, and October until this writing, he has had an elevated temperature, sometimes, during the twenty-four hours, running from 99° to 101°, or even to 102° F. Lately this has been during the night only. There are no sweats. Bowels act fairly well. He has no cough, neither pain nor soreness anywhere except in wrists, which remain a little puffed. There is no local soreness or pain to be discovered. I believe his heart is all right. He sits up a good part of the day, and eats a little. The symptoms seem to be those of articular rheumatism.

"Nearly every physician in the city has been called in consultation. All call it a case of general streptococcic infection. We gave him salicylates in fair-sized doses; aspirin; 1-2-grain doses of calcium sulphide every two hours for three weeks; lots of echinacea, some tincture of ferric chloride; carbolic acid, besides a few other remedies. Nuclein solution, 15 drops four times a day, produced no apparent improvement, unless it be less soreness in the joints. What shall I do? If the boy were taken to Chicago, could a bacteriologist help us any? If you can suggest anything, kindly do so. He has no tuberculous trouble. We have thought of that. No typhoid. It must be a septic condition."

Without a thorough examination and a clearer knowledge of hematic conditions we cannot venture a diagnosis. The symptoms point unquestionably to some form of infection; however, in all post-scarlatinal disorders we must assure ourselves of renal efficiency. It would be well for you, we think, to send to a pathologist 4 ounces of urine taken from the total 24-hour output; also a blood-smear.

You do not indicate to us that any treatment was instituted during the acute

stage. Under modern methods none (or few) of the various complications and sequelæ of scarlatina described in the various textbooks should develop. The terrible eye, ear, and systemic affections which may follow the disease are invariably due to the localized action of the virulent toxin present, but if proper measures are instituted early and pushed vigorously the disease becomes much less appalling than it is usually considered to be.

Cardiac involvement is to be anticipated in the present case, unless correct therapeutic procedures are instituted promptly. What is the condition of the tonsils? Examine the nares and pharynx carefully, and if suppurative foci are detected in the tonsils, cleanse the crypts thoroughly with hydrogen dioxide solution, then swab with fresh oil of turpentine, or with diluted tincture of iodine. We hesitate to prescribe without first having a clearer idea of the underlying pathology, but upon receipt of our pathologist's report upon urine and blood shall do our utmost to aid you.

In the meantine we should feel inclined to rub in unguentum Crédé and guaiacol, alternating these two, day and day about. Maintain free dermal elimination by means of epsom-salt sponge-baths. Give the nucleinated phosphates, full dosage, every four hours; and iridin, rumicin, and xanthoxylin, of each 1-6 grain, four times a day. Arsenic sulphide, 1-64 grain after eating. Order plenty of fresh fruit or fruit juices. The juice expressed from fresh beef, or some of the commercial preparations (bovinine, sanguiferrin, panopepton), three or four times daily should also be taken. Later: The examination of a sample of the urine revealed, as we suspected, a distinct nephritis.'

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Query 5768.—"Papayotin as a Solvent of Fibrinous Deposits." A. A. D., Illinois, desires to know what effect papayotin in normal salt solution would have upon a fibrinous membrane under process of sloughing. Would it digest it, and how would it affect the granulating tissue? He writes:

"A baby (fourteen months old) pulled a cup of boiling coffee over herself. The scalded area extends from the left corner of the mouth to the back of the neck, involving the lobe of the ear; down the anterior median line to the xiphoid cartilage, diagonally upward to just above the left nipple, then to the axillary line and around the border of the deltoid to the neck. A saturated solution of picric acid (4 percent) stopped the pain almost immediately, but a thick coagulum of exudate formed, covering four-fifths of this area. The baby rested well that night. At noon next day her temperature went to 103.5° F.; she refused food, was a little nervous, had a whining cry. I eliminated and watched for pneumonia. The pseudomembrane had begun to slough, and I dressed with unguentine, to which, later, were added eucalyptol, menthol, and cinnamon. I washed the area with hydrogen dioxide, but this pained so, that I was afraid to continue. So, finally, I resorted to frequent normal salt irrigations and applications of petrolatum, by which the healing process is being much delayed, but the child's temperature is now nearly normal and she eats and plays.

"If papayotin (or pepsin) would have dissolved the membrane, would absorption have been more active? Would the product have been septic or just digested fibrin? Would it have increased pain? Would it have injured granulating tissue? Have digestive ferments ever been used in such conditions? Have they ever been used in chronic ulcers, wounds, etc., with such formation, to digest it and aid in obtaining a clear, healthy granulation?"

Papayotin digests albumin, and time and again we have applied it to old and foul ulcers, with excellent results. Moreover, we have succeeded in removing urethral strictures by the use of papayotin and other digestive ferments. The stricture, though, must first be broken down by the use of sounds or the urethrotome.

Papayotin would not exert a deleterious influence upon granulating tissue. On the contrary, we are inclined to believe it would maintain a healthy condition of the parts. Its application does not cause pain, as a rule; but in second-degree burns orthoform might be added, to control the

extreme sensitiveness of the surfaces. We are inclined to question the advisability of adding eucalyptol, menthol, and cinnamon or similar stimulating drugs to unguentine, and can quite understand washing with hydrogen dioxide solution proved painful.

If a sloughing area exists, remove thoroughly the necrotic tissue, and then apply pure oil of turpentine or paint the surface with pure carbolic acid, neutralizing in one minute with alcohol, then cover the area with bismuth-formic iodide gauze saturated with a good antiseptic oil. Cover with a liberal-sized pad of plain gauze, a handful or two of sterile cotton, and bandage snugly. Repeat the dressing daily until healthy granulation is established and the edges begin to close in. At this period place a few pin-point grafts upon the surface, after cleaning with boric-acid or normal salt solution (taking the skin-grafts from the thigh or arm of the patient). After placing them, flood the area with bovinine and sanguiferrin, cover with a piece of rubber tissue or oil-silk perforated freely with pinholes; over this lay a piece of gauze soaked with ox blood, then another piece of rubber tissue or oilsilk (unperforated), and bandage in the usual manner. Dress very carefully twice a day (not removing the perforated tissue unless signs of secretion or pus are evident), and then every second day; catching one corner of the tissue with a pair of forceps and floating it up with boric-acid solution thrown under with a dropper.

To secure the skin for grafts take a long, sharp needle or a fine bistoury and catch the skin and lift it up. Then, with a pair of small curved scissors, snip off a little point, and lift the minute particle of skin directly into the wound, its raw surface down. These grafts should be set about one-eighth inch apart.

We are unable to answer some of your other questions, because of lack of experience with papayotin in the condition under consideration. If members of the "family" have had experience in this direction, so we present the subject for discussion.

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QUERY 5769.—"Aesculin in Varicocele." M. K., New Jersey, inquires: "If aesculin is good for rectal troubles, why should it not be of service in varicocele, internally as well as a local application? Can it be given internally for a long period without producing any systemic disturbances."

There is a very vast difference between varicocele and hemorrhoids. Aesculin is not a remedy for acute conditions, but rather for chronic capillary stasis, general vascular fulness with a sense of soreness and throbbing. The mode of action of the drug is not thoroughly understood, but it unquestionably exerts an influence upon the nervous and circulatory systems, with a special affinity for the portal circulation and liver, it being found that any uneasy, heavy, aching sensations (due, undoubtedly, to congestion) rapidly disappear under its use. The drug is of service also in congestion of the rectum, with constriction or spasmodic closure of the sphincter, itching, heat and pain about the anus, etc. We have secured results from aesculin in rectal neuralgia and proctitis, but to the best of our knowledge no preparation of aesculus hippocastanum (horse-chestnut) influences beneficially disorders of the genitourinary organs. The drug, however, needs further study.

Aesculin may be given internally, alone or in combination with hamamelin, collinsonin or ergotin, for prolonged periods. Thuja may be used locally in old varicocles, although that condition, as a rule, is not amenable to local or internal treatment.

Carbenzol, or ichthyol, with thuja in a lanum base may be applied to the scrotum in recent cases, and ergotin, strychnine, and hamamelin be given internally. Specific aesculus is used by the eclectics, the preparation prepared being that from the bark and fruit of aesculus glabra, the Ohio buckeye. The chemical composition of the nuts of the two species is said to be identical.

In overdoses, aesculin affects the cerebrospinal system, causing dizziness, impairment of vision, vomiting, opisthotonus, and tympanites. Some observers state that preparations of the edible chestnut are more powerful than those of horse-chestnut; others consider them less powerful in their effect upon the portal circulation.

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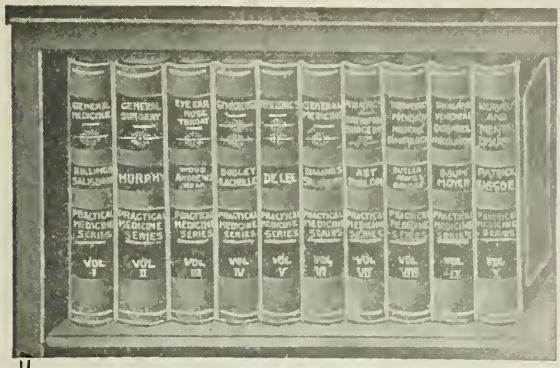

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Bovinine, the Food and Tonic for Brain, Body, Blood and Bone.
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Non-irritating to the weakest stomach.
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Trypsogen for Diabetes and Malnutrition.
CHICAGO PHARMACAL Co., Chicago, Ill.
Dermatone.
THE CHAS. N. CRITTENTON Co., 115 Fulton St., N. Y., N. Y.
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Micajah's Wafers. Samples and literature free on request.
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National Diphtheria Antitoxin.
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Prompt and gratifying results follow its use in pneumonia.
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Probilin Pills—Arhovin Capsules—Anusol Suppositories.
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Varicocene for varicose veins and leg ulcers.
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THE ABBOTT PRESS, Chicago, Ill.
High-grade Stationery for Physicians.
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Catalog and samples free.

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Never before in the history of Medical Research, has the subject of DIETETICS—what we should eat and drink—commanded such careful and fruitful investigation as today.

Medical Students are now taught the **therapeutic** value of **proteids, carbohydrates** and **fats,** as well as of **cinchona, mercury** and **iron.** They are familar with the "active principles" of the cereals as well as of medicinal plants.

Such investigation has shown clearly **that** Caffeine—the "active principle" (alkaloid) in coffee properly belongs, **not** among **foods** but **drugs.** Both necessary in the treatment of **patients, but** requiring **intelligent differentiation.**

Possibly one of the most potent factors **in** the fruitful investigation of coffee as a "drug" and as a "beverage," has been the **clean, logical, convincing** statements on the subject by the manufacturers of

POSTUM

For **seventeen** years Postum has been before the medical profession and their clentele, as a wholesome, palatable beverage—**free from caffeine** or any other harmful (as a beverage) substance.

Made of clean, hard wheat (including the bran-coat with its "vital phosphates") and a small percent of pure cane molasses, Postum affords an easy means of inducing patients to leave off coffee when the physician finds such a procedure necessary to securing satisfactory results in properly carrying out his line of treatment.

The "Clinical Record," for Physicians' bedside use, will be sent on request to any physician who has not yet received a copy, together with samples of GRAPE-NUTS, POSTUM and POST TOASTIES for personal and clinical examination.

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PEARSON HOME, Bonner Road, Baltimore, Md
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Abdominal Supporters, Elastic Stockings, Orthopedic Apparatus, etc.
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Storm Binder and Abdominal Supporter.
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THE JAECKH MANUFACTURING CO., Cincinnati, O.
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C. J. TAGLIABUE MFG. CO., New York, N. Y.
Cardiac Sphygmomanometer.
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SPINAL TUBERCULOSIS

The several forms of diseased bone conditions affecting the spinal column are, by most physicians, recognized under the broad term Pott's disease, and by many thought to be all one disease, namely: a tubercular focus in one of more of the vertebræ—this followed by a breaking down of the bony tissue and formation of an abscess with the consequent spinal curvature.

There may be other causes than tuberculosis, showing similar symptoms and presenting a clinical picture of Pott's disease. Dr. Goodwin, in an excellent paper issued in 1898, told that syphilis—acute infection—osteomyelitis or actinomycosis must be excluded before we can make a positive

The number of dentifrices is myriad, their names are legion, BUT in principle and efficiency there is but one.

CALOX

The Oxygen Tooth Powder

Its principle is the evolution of oxygen. Its efficiency as a cleanser of the teeth is due to the oxygen which it generates when used.

It may seem that a dentifrice is a matter of little concern to the physician, but when we remember that the mouth is the greatest avenue of entrance for germs that harm, the physician should welcome an agent that will sterilize the mouth while it is cleaning the teeth.

"The physician in his practice comes in contact with a great many more people than the dentist does . . and it is for him to teach them oral hygiene as well as general hygiene. . . They are brought to the bedside of people who have been forced to take their beds in consequence of diseases which have had their origin in a lack of observation of the laws of oral hygiene."—*From an address by Dr. T. W. Brophy to the Chicago Odontological Society.*

A sample package sent to any physician on receipt of professional card.

Manufacturers, McKESSON & ROBBINS, New York, U.S.A.

Post Toasties

With hot milk or cream.

Summer's Gift to Winter's Feast

All the "goodness" of white corn, cooked and toasted for YOU—ready to serve direct from package.

The grocer sells Post Toasties, and

"The Memory Lingers"

Postum Cereal Company, Limited,
Battle Creek, Mich., U. S. A.

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diagnosis of spinal tuberculosis, or Pott's disease. The average practitioner has in his general practice, many more cases of spinal tuberculosis and spinal trouble due to other infections than he realizes. Many spinal cases are sent me by members of our profession in my locality, with letters saying that something ailed the person and it might be their back. On examination, an incipient Pott's disease will often be recognized.

I urge the general practitioner to look up the matter of differential diagnosis in the various forms of spinal trouble simulating Pott's disease, so that he may be able to recognize cases of incipient spinal tuberculosis proper, in his practice.

Spinal tuberculosis is not common—many a case occurs which goes unrecognized, and symptoms arise incident to the disease often ascribed to some other trouble. In a condition of true spinal tuberculosis, there is a focus of tubercular origin existing in one or more of the vertebræ; usually there is bone inflammation, a final breaking down of the osseous material of the anterior portion of the vertebræ, and a posterior curvature, often with marked kyphosis, is the result. A general spinal weakness and a multitude of symptoms follow, due to pressure upon the nerves emerging from the cord and supplying other important structures.

The disease is far more common in children, yet many adults suffer from it.

A careful examination of the nude posterior portion of the body should be made in every case coming to your offices, in which any doubt of the diagnosis is present. A slight jar of the spine may be the inciting cause of a spinal tuberculosis, for as we know, the bacillus is often present in the body and a slight traumation may be a nidus for the active effect of the disease. If not recognized early and proper treatment inaugurated, about eighty percent of the patients afflicted with this disease will surely die, whereas, by an early diagnosis and treatment, a mortality of about fifteen percent is obtained. Therefore it is of the utmost importance that a correct diagnosis be made and all cases given treatment at the earliest possible time. If any doubt is entertained as to the diagnosis, the tubercular reaction should be sought for and the cause ascertained beyond all doubt.

The treatment most common, is the application of the plaster of paris jacket and a head support added, where the lesion is above the fifth dorsal vertebra. It is my experience that the plaster cast is ill borne by most patients and that the general health is not so good after the use of this apparatus—the patient becoming thin and anemic.

I have been seeking a form of appliance that will, while giving good longitudinal support to the spine, be comfortable to wear and light in weight. For the past few years I have been using the spinal support made by the Philo Burt Mfg. Co., of Jamestown, N. Y., with great success. I have among my case records many instances of patients who were unable to wear the plaster cast, but have been much benefited by the Philo Burt Appliance.

REMARKABLE RESULTS WITH BANNERMAN'S SOLUTION

Intravenous medication is becoming widely popular, simply because the results brought by this method have been of an almost startling character. The introduction of Bannerman's Solution has done much to cause this. The general

Gonosan
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In Specific and Non-specific Cystitis and Urethritis GONOSAN has proven highly effective in limiting the extent of the inflammation, in controlling bacillary development, and in relieving the painful symptoms attendant upon such inflammations. In addition to the above definite therapeutic powers, it should be remembered that GONOSAN'S value is further emphasized by its comparative freedom from those qualities—gastric and renal irritation—usually found in other balsamics.

GONOSAN is the Logical Coadjutor of Injections. It is free from Deleterious Effects.

SAMPLES AND LITERATURE

RIEDEL & CO.

35 West 32nd Street NEW YORK

LISTERINE

Listerine is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

It is a saturated solution of boric acid, reinforced by the antiseptic properties of ozoniferous oils.

After the volatile constituents have evaporated, a film of boric acid remains evenly distributed upon the surfaces to which Listerine has been applied.

There is no possibility of poisonous effect through the absorption of Listerine.

Listerine is unirritating, even when applied to the most delicate tissues; in its full strength it does not coagulate serous albumen.

For those purposes wherein a poisonous or corrosive disinfectant can not be safely employed, Listerine is the most acceptable antiseptic for a physician's prescription.

Listerine is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

In proper dilution, Listerine may be freely and continuously used without prejudicial effect, either by injection or spray, in all the natural cavities of the body.

Administered internally, Listerine is promptly effective in arresting the excessive fermentation of the contents of the stomach.

In the treatment of summer complaints of infants and children, Listerine is extensively prescribed in doses of 10 drops to a teaspoonful.

In febrile conditions, nothing is comparable to Listerine as a mouth wash; two or three drachms to four ounces of water.

"The Inhibitory Action of Listerine," 128 pages descriptive of the antiseptic, may be had upon application to the manufacturers,

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LAMBERT PHARMACAL COMPANY,

Locust and Twenty-First Streets ST. LOUIS, MISSOURI

practitioner is fast losing his feelings of disinterest in intravenous medication, and it is due to reasons such as the following that this is so. The three cases mentioned here are taken from articles* by Dr. Joseph F. Somes, of Vincennes, Indiana.

"Mr. J. M., age 65 years. Carpenter. Came suffering with a very severe sciatic rheumatism which had grown progressively worse since its inception twelve years before. The patient seemed evidently a bad subject, but since he had come quite a long distance for treatment he would not be refused and injections were given June 14, 19 and 26. The old gentleman straightened up; his pain disappeared; mobility gradually returned; his crutches were dispensed with, and at the present writing, he is back again at his carpenter's work!"

"Mr. A. S., 55 years old, consulted me Dec. 11, 1910, for swelling of the feet and ankles, and also complained of defective vision. On examination, found him suffering from chronic interstitial nephritis with albuminuric retinitis. The urine contained 3 percent albumin, and a number of casts were found. The retinitis was severe enough to prevent him from attending his duties for several days.

"His treatment consisted of intravenous injections of Bannerman's Solution on Dec. 11 and 18, 1910, and Jan. 13 and Feb. 1, 1911, with Abbott's Saline Laxative every morning to favor elimination. Improvement was continuous from the first injection, and an analysis of the urine made August 6 last shows no trace of albumin whatever."

"Mr. J. B., age 27. Pulmonary tuberculosis complicated with slight laryngitis. All the classic symptoms were thoroughly in evidence and the patient was supposed to be in the third stage of consumption. Treatments were administered May 28, June 4, 18 and 25. The symptoms have all disappeared; patient has gained in weight and is at work and considers himself cured."

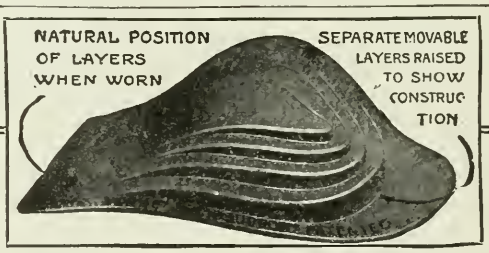
Readers of CLINICAL MEDICINE will be especially interested in the laboratory proof shown in the advertisement on the third cover page and the literature regarding this method of treatment, which may be obtained from William Bannerman & Company, Schiller Building, Chicago.

*American Medicine, Dec., 1910. *Medical Council*, Nov. 1911.

ABBOTT'S SALINE LAXATIVE

Years ago The Abbott Alkaloidal Company, Chicago, essayed to make Epsom Salts palatable. Their Saline Laxative affords all the goodness of pure, full-strength magnesium sulphate without its objectionable features. Others have tried to steal the credit that properly belongs to The A. A. Co., but there are at least fifty thousand doctors in this country who are not influenced by mere words to believe that the salts patterned after it are "just as good."

Abbott's Saline Laxative is a balanced-just-right preparation. It is regular in action. It acts energetically, yet gently. It does the work and never gripes nor distresses. Whenever a quick purge is desirable, in acute ailments arising wholly or in part from poisoning from a loaded bowel, it is the stuff to use, also to clean out the bowel prior to operation; to follow calomel; and (in small daily doses) to keep up elimination for chronically constipated persons.



"The arch does not break down but rolls over inward."

Upon examining the above cut you will notice the extreme care that has been taken by us in complying with anatomical rulings. In presenting this arch support to the medical profession, we do so with the knowledge that we are amply capable of fulfilling their greatest needs for the correction and relief of the tarsal bone and consequent flattening of the arch.

VENUS Arch Support

This arch support is a distinct advance in the manufacture of orthopedic appliances, and this advance has been made especially in flexibility and weight. The separate layers of especially treated leather allow the self-adjusting that is so necessary for the comfort of the foot. Get in touch with your **shoe dealer** immediately—or if there is no dealer in your town handling our goods—write direct to us.

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35 S. Dearborn Street **CHICAGO, ILL.**

SPECIFIC SKIN AFFECTIONS

"I have had remarkable success in the treatment of tertiary syphilitic eruptions and ulcerations with Resinol Ointment," writes a prominent eastern physician. Continuing, he says: "With its aid I healed an extensive ulceration of the skin covering the whole right side of the nose. This case had resisted all of the usual remedies."

RESINOL OINTMENT is not disappointing, but on the other hand brings results in all eruptions of the skin, whether specific or innocent. It is a most excellent healing dressing for skin ulcerations, including syphilitic, varicose or those resulting from deep burns.

RESINOL OINTMENT will relieve the nerve-racking irritation of Pruritus Ani, or an infected Proctitis, quicker than anything else. This ointment contains no mercury, but combines readily with Citrine and other of the mercurial ointments. It forms an excellent healing ointment base, in which any of the salts of mercury can be incorporated.

RESINOL SOAP should be recommended for bathing all infected parts, or those exposed to infection.

This excellent antiseptic also forms the basis of the medication in the RESINOL MEDICATED SHAVING STICK, the utility of which is obvious.

Send for samples.

RESINOL CHEMICAL CO.,

Baltimore, Md.

All who have not had a sample should write for one and get acquainted with this superlatively fine laxative saline.

REPORT OF CASE OF TUBERCULOSIS CURED WITH DIORADIN

Doctor I. Herman of Utica, N. Y., writes as follows: Mr. S. B., 20 years of age; Polander, residing New York Mills, N. Y. Weaver by occupation. First consulted me April 1911 for aggravated cough, profuse expectoration full of tubercle bacilli, pulse rapid and weak, morning chills, afternoon fever and night sweats; very poor appetite, resulting in progressive emaciation.

By palpation, percussion and auscultation, all the signs of second stage of tuberculosis had been found. Prescribed for him the well-known remedies, but with slight effect and extremely discouraging, when in June I started him on Dioradin, according to directions, besides using tonics to sharpen his appetite. In all I have used 24 ampules of Dioradin with most happy results, the patient having gained 16 pounds. On auscultation the subcrepitant, large and moist râles have disappeared, while the sputum examination proved negative.

He is enjoying perfect health and is again employed at the mill.

HOW TO CURE VARICOSE ULCERS

People suffering from varicose ulcers are in a class by themselves and they are perhaps the most discouraged patients with which the medical profession have to deal.

Tested professionally—
Approved professionally.

Exceptionally Palatable, Digestible, Dependable.

Physicians have been able to prescribe to advantage

Hydroleine

in cases in which cod-liver oil is indicated. Hydroleine is pure Norwegian cod-liver oil emulsified in a manner which makes it extremely utilizable. It is without medicinal admixture. Sold by druggists.

THE CHARLES N. CRITTENTON CO.
115 Fulton Street, New York
Sample will be sent to physicians on request.

SEPTIC PROCESSES

are quickly controlled and corrected by the systematic use of

BURNHAM'S SOLUBLE IODINE

Recent clinical studies have well shown the almost specific action of this remarkably active but non-irritating and non-toxic preparation of iodin. Administered in appropriate dosage, **Burnham's Soluble Iodine** is rapidly absorbed and not only directly combats the infecting germs—neutralizing, destroying and eliminating both the invading organisms and their toxins—but it so stimulates the natural anti-toxic forces of the blood and tissues, that recovery, which follows promptly, is largely effected through physiological agencies.

This action, the advantage of which is at once evident, readily accounts for the gratifying results that so uniformly follow the use of **Burnham's Soluble Iodine** in all forms of septicemia or blood poisoning.

DOSE: In severe cases, from 20 to 60 minims every hour (diluted) until temperature recedes, then diminish.

Valuable literature and case reports on request.

BURNHAM SOLUBLE IODINE CO.
AUBURNDALE, MASS.

Welch's
Grape Juice

A "Vegetable Milk"

BECAUSE of its unusual richness in albuminoids, vegetable fat and other food constituents, WELCH'S grape juice has been not inappropriately termed "vegetable milk."

The large content of grape sugar (the most easily digestible of the carbohydrates) insures the energizing influence of this valuable constituent with the minimum amount of labor of assimilation.

WELCH'S is not a medicinal food, *but a food with medicinal properties.*

It is the pure juice of full-ripe Chautauqua Concords. The Concord is the richest of all grapes in food value; the Chautauqua Concord is the finest of all Concords—and we pay a bonus for our choice of the best clusters grown in the Chautauqua belt. No human hand touches the grapes after they leave the vines. The result is a perfect grape juice, retaining all the mineral salts, grape sugar, gluten and fruit acids, and possessing the tempting aroma and delightfully fresh, fruity flavor of the ripe grape. For invalids and convalescents it should be prescribed in all cases calling for a light diet of an acid and refrigrant nature.

WELCH'S may be substituted for or alternated with a milk diet.

Sold by leading dealers everywhere. 4-oz. bottle mailed for 6c. Sample pint bottle express prepaid, 25c. Literature of interest to the physician, free on request.

The Welch Grape Juice Co., Westfield, N. Y.

The reason is obvious: There is no satisfactory remedy, permanent in its results; they have suffered long; and not being able to get a cure, are content to tolerate their condition, in the belief that nothing can be done. This condition of affairs need no longer exist.

The Varicocene Company has placed into the hands of our profession a treatment for varicose veins and legs ulcers which is so positive in its results that they market it to the medical profession with the understanding that they will refund the money if not satisfied. The best part of it is, The Varicocene Company is absolutely reliable and will do just what they say, so you take no chance in sending them your order.

This manner of making sales obviates the sending of samples, much correspondence and the sending of literature.

The Varicocene Treatment is packed with bandages, brush and everything complete, with booklet of detailed instructions for use.

Write for literature to The Varicocene Company, Battle Creek, Iowa, mentioning this journal.

THE Hormones and Hormone-Therapy, especially the Peristaltic Hormone of Zuelzer, known as Hormonal, a specific physiological therapeutic agent in chronic constipation, intestinal atony, and the post-operative forms of intestinal paresis, are subjects at present in the very foreground of interest.

Schering & Glatz, New York, have published a forty-page brochure, entitled "Hormone Therapy, with Special Reference to Hormonal (Peristaltic Hormone—Zuelzer)" of which they will be pleased to mail a copy to every physician who makes request for the same, mentioning THE AMERICAN JOURNAL OF CLINICAL MEDICINE.

A GROWING SUCCESS

The popularity of the Practical Medicine Series of Year Books continues to increase from year to year. This series has become the standard authority on the world's progress in medicine and surgery.

The 1912 Series promises to be the best which has ever been produced since the inception of the year book idea.

The Journal of The American Medical Association says: "The Practical Medicine Series will be appreciated by the student of modern medicine."

The publishers will be pleased at any time, on receipt of a conditional order, to send such volumes as may be ready for examination. When writing to The Yearbook Publishers, Chicago, Ill., kindly mention this journal.

THE DAN PATCH DRIVING GLOVE

Doctor, here is a glove for every kind of wear and weather for driving a vehicle anywhere. It is made lined or unlined, as you prefer, of the best horse-hide leather, warranted never to shrink or shrivel, to harden, crack or peel.

The Hansen Gloves are soft as kid. They are both comfortable and durable.

Water will not hurt them and washing in gasoline leaves them like new. In addition to the Dan Patch Driving Glove the Hansen line includes auto gloves, heavy or light, with or without gauntlet.

Ask for a Thirty Days' Free Trial

SEE FIRST—PAY AFTERWARDS

The "1900" Electric Washer

DOCTOR, we want you to investigate this health-conservtng Electric Washing Machine. It saves labor, time and the endless annoyance of handling the unusually large washings incidental to the sick room, the hospital and the sanitarium.

This "Electric Washer" is not a new or experimental device. It is simply another style of the popular "1900" Washer designed to handle from 10 to 12 sheets which the regular machine cannot accommodate.

We Ask No Cash in Advance with our offer. You try the machine first and then pay or return it.

When sending for the outfit be sure to give the following information:
Is the current direct or alternating?
What is the number of volts?
If alternating, what is the number of cycles?

If you wish to ask any questions about our outfit we will be glad to give you the benefit of any information possible. WRITE TO-DAY.

THE "1900" WASHER COMPANY, Binghamton, N. Y.

IT is just as much your business, Doctor, to prescribe (or proscribe) the corsets worn by your lady patients as it is to regulate their diet or advise their hygiene.

The right kind of a corset is not only an essential to the health, but a prophylactor of notable value; and a factor of much importance in the successful treatment of many unpleasant ailments.

The Crosby Corset

is the corset you should recommend because in its manufacture consideration is first given to health. As an abdominal supporter it has no equal. It does not slip up and down and get out of place. There are no perineal straps to chafe. It is adjusted in front where the adjustment is needed, and is easily put on and taken off. Women like to wear it because it gives a symmetrical figure.

CROSBY
FLEXO WALO
CORSET
LACES AND CLASPS IN FRONT

As a matter of economy the patient gets two garments in one—an excellent corset and supporter for the price of an ordinary supporter.

—But be sure that it's a CROSBY. No other front-lace corset is "just as good."

CORONET CORSET COMPANY

GRAND RAPIDS, MICH.
Lyon and Campau Sts.

CHICAGO, ILL.
405 Kesner Bldg.
Wabash Ave. and Madison St.

An attractive booklet illustrating the complete line of Hansen Gloves will be sent on receipt of a post card, mentioning THE AMERICAN JOURNAL OF CLINICAL MEDICINE.

RHEUMATISM

"For two years Mrs. ——, aged 48, has suffered severely from articular rheumatism in her hands and feet, though nearly all her joints, and at times even her muscles, were more or less involved. Her finger joints were much enlarged, and for the past year a severe pain ran from her left ring-finger up her arm and under her shoulder blade, causing her many sleepless nights. A-f-sal, 80 grains a day, relieved the pain in her hands in three days, and now for several weeks her hands have been practically free from pain and soreness and the swellings of her finger joints are much less."—Dr. C. W. Brown, Orland, Maine.

"The many and frequent reports of rapid cures of gout and rheumatism prove the worth of A-f-sal when used in liberal doses. The value of A-f-sal appears to be in the arrangement of its molecules, establishing a toleration by the system for its prolonged use without detriment to the organism." —Editor *Medical Summary*, November, 1911.— For further information, etc., address The Organic Chemical Manufacturing Company, Fort Washington, Pa.

THE MANAGEMENT OF CONVALESCENCE

The systematic use of Gray's Glycerine Tonic Comp. following pneumonia, acute bronchitis, the grip, typhoid fever, the exanthemata and other acute affections, gives such material aid to the restorative and recuperative processes of the body that the convalescent period is not only greatly shortened, but it is freed from practically all of its danger and uncertainty. Normal physiologic activity of all vital functions is promptly established, and with these working in harmony recovery from an acute disease is usually perfect and complete. Gray's Glycerine Tonic Comp., by reason therefore of its proven value as a restorative, is probably more often used for promoting convalescence than any other remedy. Its certainty of action, the positive benefits produced, and its freedom from any unpleasant effect, no matter how weakened the patient may be, leave little reason for questioning the preference now so generally shown this dependable remedy. That it serves a purpose in convalescence so far-reaching and important, and serves it so well, is all the justification needed for its invariable use just as soon as the fury of a pathologic storm has passed and the reconstructive or convalescent period begins.

SAVING AND MAKING MONEY

The doctor who uses the active-principle granules and Abbott specialties can do more and better work, and *at less expense*, than one who uses the galenics. He has things when he needs them; he has a supply equal to any emergency; he has things that he *knows* will "work"—and that gives him confidence; he has no "slop," no waste, no fluids to spoil or to spill; and the dose-price is so small that it hardly needs to be considered.

Menstrual Pain

is often completely relieved by a few doses of

HYPEROL

when every other remedy except morphine has proven ineffectual. But unlike the opiates, HYPEROL never interferes with the secretions, obstructs the bowels or induces a habit. Its remarkable relief of dysmenorrhea comes entirely from its capacity for reestablishing physiologic conditions — relaxing spasm, overcoming congestion restoring functional activity.

The benefits from HYPEROL, therefore, are by no means limited to its prompt relief of pain, and the permanent recoveries that have been effected through its systematic use in many protracted cases of functional dysmenorrhea, point unerringly to its remarkable therapeutic value in all functional diseases of women.

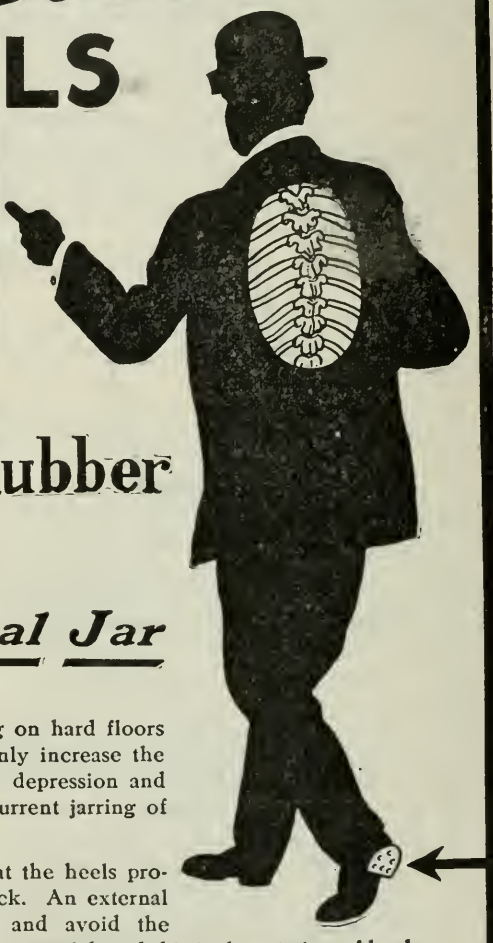
HYPEROL corrects the local condition and by coincidentally restoring the general health, breaks "the vicious circle."

Interesting case reports and liberal samples on request.

THE PURDUE FREDERICK CO.
298 BROADWAY, NEW YORK

O'Sullivan's HEELS

of New Live Rubber



Avoid the Spinal Jar

that otherwise inevitably results from walking on hard floors and sidewalks. Ordinary heels of leather only increase the shock. Medical men especially realize the depression and fatigue that necessarily attend constantly recurrent jarring of the sensitive spinal structures.

The cushions at the joints and the pads at the heels provided by Nature, only partly reduce the shock. An external cushion of resilient material to neutralize and avoid the concussion—to absorb it, as it were—is highly essential, and this is the mission of heels of new live rubber.

It is needless to go into detail concerning O'Sullivan's rubber heels. Their superiority is widely recognized, and countless physicians from personal experience, or from noting the benefits produced among their nervous, debilitated patients, know the special hygienic value of O'Sullivan's heels of new live rubber.

Not only do they give new comfort and pleasure to walking, but so markedly do they relieve muscular tension and nervous irritability that they have become an important detail in the modern prophylaxis of many functional nervous ailments.

O'SULLIVAN RUBBER CO.
131 Hudson St., New York

Why, think of it man! One or two good patients coming back to you for their medicines and advice, who otherwise would go to the druggist to be treated with the "refill", will pay for a stock of granules that would last you for months. You're saving dollars for drugs every day that you dispense our convenient-dose-form remedies; and the success that you will have, if you use your God-given brain, with gumption, and guts, will make money for you every day of a deservedly busy life.

DOCTOR'S COLLECTIONS

Doctor, now is the time to get busy cleaning up your books of old accounts. Doubtless there are hundreds of dollars due you which you might as well have. It may be that you have tried to collect many of these accounts and have failed for various reasons.

We have a suggestion to make—one which has brought dollars to many doctors which they never expected to get.

Get in touch with the National Rating League, 6231 Stewart Ave., Chicago. This is a *reliable* agency which will handle your accounts in a prompt and reliable manner. Dr. J. R. Dodge of Hudson, Mich., writes:

"Your system of getting the attention of bad debtors beats anything I ever had anything to do with and I have tried everything. I have to laugh when I see them 'sit up and pay attention' after disregarding my private appeals for years. My wife laughed at me for handing you an account thirty-five years old for collection. I sent it in just to see. You ought to see him hustle and pay quick. That, I think, is going some! I have heard from lots of those sent in all promising to call and fix it up. Several have already done so, giving a note, thus securing an old outlawed claim. I am now, from my short experience with you, fully convinced that, if you can't get them, nothing on this earth can. You are all right and your method is all right, and I am pleased to say this for you."

Write to Mr. W. M. Davis, manager of The National Rating League, 6231 Stewart Ave., Chicago, sending a few hundred dollars' worth of old accounts. You will be surprised at the results. Kindly mention this journal when writing.

BULLET-PROOF TIRES

A SIMPLE METHOD OF AVOIDING PUNCTURES

Doctor, it is worth your while to eliminate punctures and blow-outs. The maintenance cost of your car will be greatly reduced if tire troubles are avoided.

A simple, logical way of preventing punctures is to slip a heavy woven webbing between the inner tire and the casing. This conforms to the shape of the tire and acts just as if the inner tube were that much thicker.

The Waban Webbing Co., 16 South St., Boston, Mass., whose announcement appears in this issue of CLINICAL MEDICINE, furnish this webbing, ready to insert, at a very reasonable price.

Booklet will be sent on request. Kindly mention this journal when writing.

FROM PLANT THROUGH ANIMAL TO MAN

is the history of the albuminoids which are commonly employed to replace tissue waste. Of these Casein is most important and of most value since it is a phospho-protein, rich in phosphorus, which stimulates the metabolic activity of the cell.

Sanatogen
THE FOOD-TONIC

being a *new* compound, formed by chemical union of its ingredients in the form of *Soluble* Sodium Glycero-phosphate of Casein, is a scientific adaptation of nature's elements in the form of a therapeutic food. This makes it of especial value where nutritional impairment exists and its correction is of paramonnt importance—as in

Tuberculosis, Anemia, Functional Neurosis, Cachexia, etc.

Samples and literature to physicians on request

THE BAUER CHEMICAL CO., Union Square, New York

MALTBIE'S CALCIUM CREOSOTE

CREOSOTE is an old remedy. Its value is recognized by all, yet it is little used because of the difficulties encountered in its administration.

We have perfected a creosote that overcomes all difficulties.

This perfected product is a chemical combination of creosote with calcium.

It is a reddish-brown granular powder and contains approximately 50 per cent. pure beechwood creosote.

It might properly be called SOLUBLE CREOSOTE since it mixes in all proportions with water.

It is a remarkable remedy, not only in tuberculosis and bronchitis, but in coughs and colds, pneumonia, typhoid fever, indigestion, diarrhea, etc.

Published reports of results obtained from this product seem exaggerated until you have opportunity to observe them, then the skeptic becomes an enthusiast.

REMARKABLE RESULTS

I have dispensed in the last year over half a hundred bottles of Calcium Creosote in not less than twenty cases of various and varying conditions and with benefit to all.

My experience with Calcium Creosote has been more uniformly satisfactory in cases requiring respiratory stimulants and antiseptics than any one medicament I have ever employed. I cannot account satisfactorily, even to myself, for its highly beneficial effects, but that it is eminently antiseptic and reconstructive to enfeebled mucus surfaces I am fully convinced.

A lady living six miles from town sent for me to see her for a very bad cough. I found her in a deplorable condition, so much so I did not believe she could live a month. Two brothers had died two and three years previously of pulmonary tuberculosis. The stereotyped medication in such cases appeared so utterly useless I did not attempt it. I gave her 4 ounces Calcium Creosote, with instructions to take two teaspoonfuls in glass of water every three hours, instructing her to send for the other part of the bottle should the amount I left appear to benefit her. **In about a week, to my great astonishment, she came into my office to get the rest of that bottle,** declaring she never had anything help her so much in her life. She has taken seven or eight bottles since, comes to town when she pleases, and seems to be entirely cured. The case appeared to be one of the most hopeless I have ever seen and her recovery is little short of a miracle, and without doubt due to the use of Calcium Creosote.

Another lady in the city had severe cough, tonsilitis, bronchitis, great difficulty in swallowing, gastric disturbances, constipation, etc. This patient had every indication of a pretubercular condition. I gave one teaspoonful Calcium Creosote in half a glass of water every three hours. In three weeks every symptom disappeared, though she still takes it occasionally as a prophylactic.

As a remedy for coughs of almost every variety I find it much more satisfactory than mixtures containing opium in any of its many and various forms.

R. H. B., M. D., Tenn.

IT IS INEXPENSIVE

A pound of powder makes a full gallon of solution by adding water only. Price, $1.50 per pound (by express paid, $1.75.)

We also supply coated tablets, representing one teaspoonful solution. Price $2.00 per thousand (by express, paid, $2.25.)

INTRODUCTORY OFFER

We do not supply free samples but we ship on approval with the distinct understanding that if not satisfactory it is not to be paid for. We leave it entirely to you to say whether you pay for it or not.

-------ORDER HERE-------

THE MALTBIE CHEMICAL CO., Newark, N. J.

Please send me, all charges prepaid:

1 lb. Maltbie's Calcium Creosote Powder, Price $1.75
1000 Maltbie's Calcium Creosote Tablets, Price $2.25

If only one is wanted draw a line through the one not wanted.

I will remit in 60 days if results are satisfactory.

Nothing to be returned, nothing to be paid, if results are not satisfactory. (C. M. 12)

Signed..... M. D.

Address.....

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THE MALTBIE CHEMICAL CO

NEWARK NEW JERSEY

RAPID ACTION OF DIGIPURATUM INJECTIONS

The full digitalis effect appears only slowly if the drug is given by mouth, since the glucosides of digitalis are only slowly absorbed. The subcutaneous administration will be preferred for many cases if one is assured that the preparation employed is a potent heart tonic. This applies particularly to Digipuratum. The authors have had excellent results with injections of Digipuratum in ampules tried on a large number of cases at the hospital at Verona. The effect was very rapid; as a rule, three to four injections were given during the first day. Owing to its rapid and unexcelled action, the authors believe that the Digipuratum ampules will soon become part of the necessary armamentarium of the physician.—By Prof. R. Massalongo and Dr. Gasparini, Chief of Hospital of Verona. (*Gazetta degli Osped. e delle Clin.*, 1911, No. 95.)

THE DOCTOR'S EFFICIENCY

The physician appreciates the value of moments saved, as well as the business man. His "efficiency" is increased by devices that save time and labor.

Many minutes are saved every day by physicians who use the Zipp fever or clinical thermometer case, which instantly forces back the mercury to the bulb. There is no question about it; the relief from shaking down the mercury by hand is most welcome. The Zipp case is supplied only with the best grades of Tagliabue clinical or fever thermometers.

Write for booklet to The C. J. Tagliabue Mfg. Co., New York City, mentioning this journal.

IODIZED CALCIUM IN PNEUMONIA

If the task were imposed upon us of saying what single remedy, above all others, is most useful in winter, we should say—iodized calcium. In croup, in grip, in chronic "coughs and colds," in pneumonia and in other respiratory ailments, it is a remedy which the doctor practising in these northern latitudes cannot afford to overlook.

A study of the actual causes of death in the registration area of our country, embracing half the population, shows that out of 100,000 people 148 die from pneumonia. According to the health reports of three large cities, 2360 people died from pneumonia in one month last winter. There is nothing to encourage in us hope that a less number will be stricken this winter.

Iodized lime is the mainstay in this disease. It furnishes in a single dose both calcium and iodine. The calcium activates phagocytosis, as Mitchell shows, and the iodine cooperates with it effectually as an alterative-stimulant.

The logical treatment of pneumonia is rest, support and iodized calcium. Those who handle their cases on this line are able to cut down the mortality to almost nothing, losing only the exceptional case in which extreme old age or alcoholism stands in the way of recovery.

Iodized lime is also the best remedy in croup; in past years it has saved thousands of babies.

There are many grades of iodized lime—some good, some worthless. Our readers, to be sure of getting results, should buy the article known by

PANTOPON
"ROCHE"

Opium in the fullness of its therapeutic excellence

Opium freed from every bit of inert, useless stuff, exhibiting the total alkaloids of the drug in their naturally-occurring proportions, as a unit, in a water-soluble, non-irritating, injectable, diffusible form, and generally without the drawbacks incident to the older preparations.

Brilliant results from the use of Pantopon in Internal Medicine, Gynecology and Obstetrics, Anesthesia, and Psychiatry are recorded in the clinical reports of Sahli, Ewald, Grafenberg, Leipoldt. and others

Provided in Powder, Ampoules and Tablets (Hypodermic and Oral). Sample on request.

THE HOFFMANN-LA ROCHE CHEMICAL WORKS

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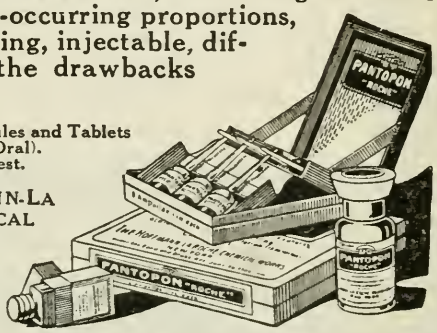

A New Era in Medical Journalism

USHERED IN BY THE MEDICAL REVIEW OF REVIEWS

INTRODUCTORY WORDS

THERE was nothing in the early life of Edward Gibbon to indicate the high place he was destined to hold among historians. At times his very existence was despaired of and it was not expected that he would survive the vicissitudes of infancy. But from his eighteenth year a complete change occurred: he improved in health and mind, and then began the accumulation of knowledge that inaugurated an epoch in historical writing.

For the first seventeen years of its publication, there was little to distinguish the MEDICAL REVIEW OF REVIEWS from the multitude of medical magazines. Now a metamorphosis like the above has come: we emerge transformed. From the old structure, only the valuable Index Medicus has been retained; every other feature has given way to newer and worthier things — like an eagle that molts its feathers because it is growing better ones.

We fear the medical profession is not thoroly conscious of the failure of medical journalism to fully satisfy its needs. It is not unkind, but merely true, to say that few of the journals now published are worthy of the greatest profession. Those who conduct our medical journals do not seem to be conscious of the new responsibilities thrust upon them by new conditions, nor of the opportunities for service that actually press in upon the live journalist.

Our readers will not know the infinitude of labor that builds up each of our issues. They will know only the brilliant result

Following is a list of some of the departments which the journal will contain, and which will make it one of the necessities and pleasures of every physician.

EDITORIALS

A PERIODICAL without editorials is like a banquet without the host. The guests may be assembled in their places, but the guiding hand is missing.

The first requisite of an editor is to be able to write editorials. It is for such an editor that we searched, and such an editor we have found in Arthur C. Jacobson, a man of ideals and understanding.

Dr. Jacobson's familiarity with nearly every phase of modern medicine is the result of study and research. But our Editor has a gift which only Nature can bestow — the literary touch.

Dr. Jacobson knows how to write. He never makes "the pure well of English undefiled" murky with an anticlimax. Dr. Jacobson handles words till from the scattered links of language he weaves a connected chain of harmony. But the work that the MEDICAL REVIEW OF REVIEWS expects to accomplish in the field of medical journalism, is certainly too important to have a mere stylist at the helm. And Dr. Jacobson is more than a phrase-spinner — he has ideas as well as epigrams.

"We pledge ourselves," writes Editor Jacobson, "that our editorials may be read without danger of inducing somnolence or a state reminiscent of toxemia. We promise to serve no journalistic condensed milk to the profession; what we offer is derived solely from the breasts of Minerva Medica."

EUGENICS

PLINY the Elder and Pliny the Younger are the most famous uncle and nephew on record,— unless we consider Flaubert and Maupassant entitled to that distinction; James Mill and John Stuart Mill afford the foremost example of an eminent father and son; Alexander Humboldt and William Humboldt are the wisest brothers on history's scroll; and similarly, the greatest pair of cousins that enriched the realm of thought are Charles Darwin and Francis Galton.

It is a trying task to be placed in juxtaposition to Darwin, but Galton is worthy of his immortal kinsman. For Galton founded the science of Eugenics — the study of the evolution and progress of mankind thru improved conditions in the relations of the sexes. To bring forth better babies, to raise a higher type of human being — in comparison with this vital problem, many a so-called "burning question" flickers with a faint flame.

It is unfortunate that several of our professional periodicals evade this issue, but Eugenics and its importance to society will receive adequate treatment in the MEDICAL REVIEW OF REVIEWS, where will be discussed such subjects as the Ethics of Abortion, the Venereal Diseases, the Castration of Criminals, the Limitation of Offspring, Sexual Abstinence, and Marriage and Divorce.

MEDICAL SOCIOLOGY

THE epidemic of typhus fever in Upper Silesia assumed such proportions that the German Government decided to send a medical expert to investigate matters.— and officialdom committed the error of choosing Rudolf Virchow.

The young physician prepared his report — but it did not deal merely with technical terminology. Virchow spoke of the poverty and ignorance of the population; he told how the Catholic hierarchy enslaved the people mentally, and how the Prussian bureaucracy loaded them

with physical chains; he claimed the remedy lay not in medication, but in *education*. With our century, he wrote, begins the social era.

To its amazement and wrath, the Government found itself reading a treatise on Medical Sociology. Virchow was dismissed from its service, and was requested to take a vacation from Prussia.

But the era which he helped to usher in, had come to stay. The exclusively pill-and-potion doctor is not the modern doctor. The sphere of the medical man hat widened. It is already a commonplace that tuberculosis is an economic malady, and that trade and occupational diseases will not disappear until social conditions are bettered. It will soon become an axiom that no man can be a good physician unless he is likewise a good sociologist.

Recognizing the ever-increasing importance of this subject, the MEDICAL REVIEW OF REVIEWS has installed, as one of its main features, a monthly Department of Medical Sociology, to which Dr. G. FRANK LYDSTON, Professor of Genito-Urinary Surgery at the University of Illinois, will contribute regularly.

ORIGINAL ARTICLES

AFTER Oliver Wendell Holmes finished writing his essay on the Contagiousness of Puerperal Fever, he asked himself, "Where shall I send it?" As his treatment of the subject was unusual, he did not think the staid representatives of medical journalism would accept it, so he mailed it to the *New England Quarterly Journal of Medicine and Surgery*, an obscure periodical which succumbed within a year. Dr. Holmes himself often admitted that his article would have had greater effect upon his professional brethren had it come into the world under more propitious auspices.

"Where shall I send it?" is a query that has puzzled many medical writers. It is true the physician whose contribution consists chiefly of a report of clinical cases or a discussion of the etiology of diphtheria, knows where to send it: to the *Journal of the American Medical Association*, or a similar standard journal which has published such articles for years.

But since we live in the era of Preventive Medicine, not only the clinic, but the street, has become the doctor's domain, and numerous new topics must be discussed, dealing with the relationship of medicine to society, and bearing on the economic basis of disease.

During 1912 our periodical will make a specialty of publishing such articles. The appearance of an article in the MEDICAL REVIEW OF REVIEWS will be prima facie evidence of its value, for only those contributions which deserve the adjective original will be eligible. Paste-pot and scissors articles will not gain admittance even if signed by a professor.

Every article published in this department must be the result of original work and contain either the author's experiments or observations, or discuss ancient or present problems from a novel viewpoint.

HISTORY OF MEDICINE

THE well-known phrase, "Made in Germany," by its very ubiquitousness, has become distasteful to a goodly number of Anglo-Americans. John Altgeld could never be president of the United States, because he too was "made in Germany," but many valuable ideas come from the land of Wahrheit und Dichtung. What a pity the Teutons cannot infect us with their love of medical history! In England there is not a single chair devoted to the subject; in America there is not a single journal. All the great historians of Medicine bear foreign names: Puschmann, Pagel, Gurit, Baas, Neuburger, Sprengel, Daremberg, Haeser. Not only our general practitioners, but our university professors, unblushingly ask, Who is Aretaeus? Who is Paracelsus?

Of course, the prime function of the medical man is to cure, and we recognize that a physician can listen to the heart beats without knowing that Laennec invented the stethoscope. When he prescribes calomel, the drug will have the same effect whether the doctor is familiar with or ignorant of the circumstance that the popular laxative means "beautiful black," and was named by Sir Theodore Mayerne in honor of a negro who helped him in its preparation.

But Medicine should never be a trade for empirics; and no follower of Hippocrates can properly appreciate or understand his profession, unless he is acquainted with its origin, growth, struggles, errors, and modern development.

THE MEDICAL REVIEW OF REVIEWS will endeavor to stimulate interest in the History of Medicine by devoting a special department to this subject. During the year 1912 there will be included a series of sketches entitled *Pathfinders in Medicine*, written by VICTOR ROBINSON.

SCIENCE AND RESEARCH

TO read text-books is easy — if they are written with a certain respect for grammar — but to do research work is to grapple inch by inch with the obscure, and battle step by step with the unknown.

But difficulty never caused a scientist to relinquish his quest, for of all pursuits none is so interesting as the hunt for a fact. No matter how apparently isolated its position, it has its value, for there are no gaps or missing links in nature, and in due time every fact falls into its proper place, like the elments in Mendeleyeff's Periodic System.

Schwann and Schleiden made discoveries concerning the cell, and Dujardin and Parkinje,

following another line of research, added to our knowledge of protoplasm, tho neither of these sets of investigators saw the correlation of their work. Then came Max Schultze, the father of modern biology, brought the cell doctrine and the protoplasm doctrine into one harmonious whole, and thus increased our knowledge of the basis of life.

It will be the endeavor of the Science and Research Department of the MEDICAL REVIEW OF REVIEWS, under the charge of THURSTON H. DEXTER, M. D., to record the advances made in the ever-broadening sciences, and to indicate their relationship to the knowledge already accumulated and established.

THE MONTHLY CARTOON

WHEN William Marcy Tweed raised Graft to the rank of a science, he seemed for the rest of his natural days to be secure in his bossism. But even when the Tweed Ring flourished as a palm-tree, there was one individual whom the Boss eyed uneasily. This was Thomas Nast, and Boss Tweed offered Tom a hundred thousand dollars if he would forget Tammany Hall. Nast was neither an eloquent orator nor a powerful author. He was a little man who sat home and drew cartoons. But these cartoons had a mission; they asked pertinent questions, such as, "Who stole the people's money?" These cartoons awoke New York to the corruption that was sapping its growth, and one fine day, when the Boss spread his fat limbs apart, and flung his favorite query at the public, "What are you going to about it?" the people answered by putting the Boss in jail.

A cartoon often tells a story and points a moral better than any number of words could do. Its appeal is immediate and direct: a flash — and the heart of the matter is revealed. Such cartoons, either castigating abuses in the medical profession, or pointing out the path to improvement, or showing the relationship and interdependence of medicine and sociological conditions, or dealing with various phases of "the doctor's dilemma," will form a monthly feature of the MEDICAL REVIEW OF REVIEWS.

MEDICO-LEGAL DEPARTMENT

THE plaintiff claimed that on a dark night the defendant struck him in the eye. The judge demanded how he could recognize his assailant on a dark night. The plaintiff answered that the blow caused him to see stars, by which illumination he discerned the features of the defendant. The eminent physiologist, Johannes Müller, was thereupon haled into court to testify if it were possible to identify objects by the light of stars produced by concussion.

The medical man often comes in contact with the law, and for this reason a Medico-Legal Department has been opened in the MEDICAL REVIEW OF REVIEWS.

Cases which bear upon the relation of the doctor to the law will be presented and discussed, and the duties and privileges of a physician when testifying in court will be taken up and explained. An effort will be made to dispel some of the terrors with which the average practitioner associates the giving of medical testimony in an action at law.

The place of the physician in any well-organized system of law and justice is vital and of great importance. In many cases his testimony determines the most important issues in a suit at law, and in order to fulfill his duty he ought to have some knowledge of the system of which he is a part.

The statutes applying to the medical profession which from time to time are enacted will be dealt with, and the editor will be glad to receive communications from any of our readers in reference to the troublesome points which are constantly arising.

This Department is under the charge of WILLIAM E. BUTLER, B.S., M.D., Juris D., Professor of Medical Jurisprudence at Dartmouth.

MEDICAL OUTLOOK

THE glittering veil of Mokanna covered the foulest of faces. But in future the prophets must raise their masks before we worship. Bluebeard must open his chamber. Nothing must be concealed. The sum of science must shine on every creed; the light of reason enter every belief. That custom which is confounded by criticism, must cease to be; the institution which cannot stand the advance of intelligence, must perish. Nothing can be too sacred for investigation. The searchlight must have free play.

The Medical Outlook Department of the MEDICAL REVIEW OF REVIEWS observes and examines occurrences in the world of medicine, chronicles current events, and in piquant paragraphs reports them with appropriate comment.

NOTABLE FIGURES IN PRESENT DAY MEDICINE

AT a testimonial given to the most original of American poets, the greatest orator of the day spoke and said, "Let us place wreaths on the brows of the living." No idea could be more excellent. Eulogy and elegy are not synonymous, and there is no reason why they should be synchronous.

The Department of Notable Figures in Present-Day Medicine, which forms a monthly feature of the MEDICAL REVIEW OF REVIEWS, records the achievements of eminent living physicians: men who are working with us to-day,— men who will pass into history to-morrow.

MEDICO-LITERARY DEPARTMENT

FROM ancient days to modern times the medical man has figured much in literature, finding perhaps his most sympathetic interpretation in Ian MacLaren's *Beside the Bonnie Brier Bush,* where the country doctor is pictured riding thru summer and winter on his old mare Jess, up and down the glen of Drumtochty, ministering to the needs of the common folk and their bairns.

The Medico-Literary Department of the MEDICAL REVIEW OF REVIEWS will be devoted to poems, essays, and stories in which the physician appears.

BOOK REVIEWS

WHEN Macaulay reviewed a book, the review was worth more than the book itself. But authors of the present day need have fear of no such contingency, for book reviewing, like letter writing, is one of the lost arts.

And of all puerile book reviews, those that appear in the medical press are the poorest — ambiguous, careless, prepared in haste. It is doubtful if five per cent. of medical reviewers read the books which they undertake to review, for their report frequently consists merely of quotations from the publisher's announcement.

Beginning with 1912 the MEDICAL REVIEW OF REVIEWS will inaugurate a Department of Book Reviews, where all books will be studied before being reviewed. Our reviewers are honest men and will say what they think of a volume, whether it be a mediocre work by a man of reputation or an excellent one by an unknown author. Praise and blame will be meted out with justice, for our conception of a book review is that it should convey to the reader a correct idea of the contents of the work.

PRACTICAL THERAPEUTICS

MODERN medicine has entered upon the humanitarian highway, and will never permit itself to tread the barren path of therapeutic nihilism that characterized the Vienna School. We no longer regard the patient merely as an object of experimental research. We are more interested in his convalescence than in his autopsy.

To-day the laboratory physician works in order to hand down his precious gifts to the practising physician. To-day all roads in medicine lead to therapeutics.

No medical journal is complete without a well-conducted Department of Practical Therapeutics. The MEDICAL REVIEW OF REVIEWS has such a department: Current literature bearing on the subject will be surveyed, and new discoveries or suggestions which seem noteworthy will be mentioned; some new methods of treatment, as well as some old ones which have a vogue but seem open to question, will be critically discussed; and practical points in the treatment of morbid conditions of common occurrence will be brought out.

MEDICAL PSYCHOLOGY

TO fathom the recesses of the mind, to explore the labyrinth of thought, to hunt an idea to its lair — this is the domain of Psychology. Psychology is a science. William James called it the Science of Mental Life, and the Professor's definition is excellent.

More and more are physicians realizing that to know the physiology of the stomach, or the pathology of the kidney, is often insufficient for the enlightened treatment of the complex human organism; we must know also the workings of the brain, both in a healthy and diseased condition.

In this department the MEDICAL REVIEW OF REVIEWS will lay special emphasis on those psychological problems which tend to throw light on psychiatry, but will not neglect any important phenomenon connected with the Science of Mental Life.

INDEX MEDICUS

THE unique feature of the MEDICAL REVIEW OF REVIEWS for the past seventeen years has been the Index Medicus, which lists under appropriate classification the title of every medical article published during the preceding month — both in the United States and abroad — naming, of course, the author and the periodical in which the contribution appeared. This feature will be continued.

Such a monthly Index shows at a glance what has been accomplished every month in the world of medicine, and is invaluable to the worker who needs to know the current literature of his subject.

Other departments, which lack of space forbids mentioning will be contained, and each issue will be beautifully illustrated with four-color paintings of prominent men and interesting medical scenes.

A beautiful reproduction in four colors of Pasteur will appear in our January issue, and a large copy of it on fine coated paper, suitable for framing, will be sent free to new subscribers.

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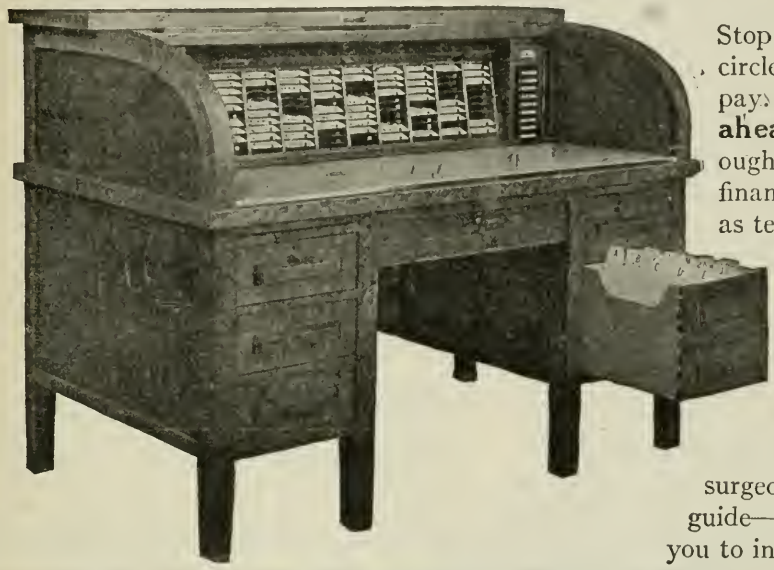

Stop traveling in a circle. It doesn't pay. You never **get ahead** — and you ought to progress financially as well as technically. You can—and the time to begin is **NOW.**

The experience of hundreds of physicians and surgeons should be a guide—should prompt you to investigate.

The AMERICAN Case Record and System for Physicians and Surgeons gives you a perfect, perpetual ***clinical record*** of every case. Here is the way it does this for you.

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DON'T POISON YOUR RECTIFIER!

The proper working of an alternating current rectifier used in connection with a physician's wall plate depends upon the exact chemical purity of the solution. It costs very little to properly recharge a rectifier by obtaining correct chemicals direct from the manufacturer and it saves many an anxious thought. What prompts this caution is the fact that a doctor writing for a journal recently advocated the use of sodium bicarbonate, and some have followed his advice with poor results. A great many have trouble by allowing an electrician to recharge the rectifier with sal ammoniac, while still others think that ammonium phosphate is the correct chemical. Neither of the chemicals mentioned will produce proper results, but will cause grave injury to the rectifier. The introduction of any chemical other than that authorized by the maker destroys the purity of the solution, hence no results can be had. The physician using a rectifier cannot be too strongly cautioned to recharge his rectifier at least once a year with chemical which can be obtained from the McIntosh Battery & Optical Co., 322 W. Washington St., Chicago, Ill. Kindly mention this journal when writing.

"CASTOR OIL AS SWEET AS HONEY"

House of the Angel Guardian, Boston, Mass.: We have given Laxol (castor oil as sweet as honey) a most thorough trial in our institution, and cheerfully say we have never found any laxative and cathartic so effective and so pleasant to take. Children readily take it, and we find it leaves the bowels and stomach in perfect condition. We cheerfully recommend it to all as a very useful article for every household.

Brother Bellarminus,
House of the Angel Guardian.

NAUHEIM BATHS AND SCHOTT EXERCISES

For many years physicians of the United States have not considered the subject of Mechano-Therapy seriously and, if their patient was in search of such curative means, have been indifferent if he went to Europe for them. Very recently there has been aroused an enthusiastic interest in the subject of physiologic therapeutics. The physicians of this country now study and consider the natural advantages for the treatment of diseases to be found nearer home, and, therefore, within the reach of the greater number. Among the many means of Mechano-Therapy the socalled Nauheim Baths and Schott Exercises have perhaps gained the greatest popularity with the medical profession.

For these reasons it is of great importance for the nurse, who works hand in hand with the medical profession, to be familiar with this form of treatment. Though the execution of the treatment appears rather simple to the uninitiated, yet it requires a thorough training and especial skill to attain the results desired, as the improper administration of the treatment may mean unredeemable harm to the patient. Though originally

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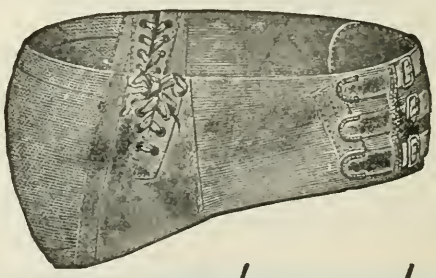

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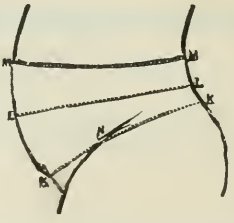

THE VERDICT ON DIORADIN

When the science of uranalysis was in its infancy, charlatans traveled on horseback from country to country, a urine basket slung on the arm, and grew rich by claiming to diagnose every disease and predict the future by glancing at the urine. The natural result was that for a considerable period uroscopy fell into disrepute. To-day the numerous humbug-hypnotists have caused the important subject of psychotherapy to be neglected by ethical physicians. There have been so many fake consumption-cures, that in some quarters any remedy for the treatment of tuberculosis is regarded with suspicion. Barnacles cling to every ship and impede its progress.

But in the laboratory, and by the private bed-side and the hospital-clinic Dioradin has been subjected to severe tests by eminent and impartial European physicians. Their reports are in print, and they speak for themselves The verdict is unanimous: Dioradin destroys the bacillus of Koch, and improves the general condition.

Doctor, we are confident that if you try Dioradin, your testimony will be added to the favorable verdict of your brethren who have used it before you.

Sample ampule and literature on request.

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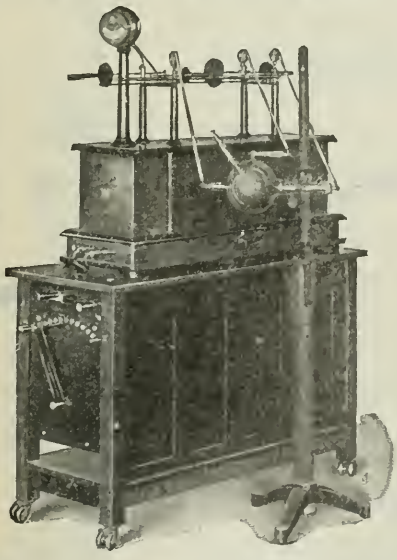

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only employed for the treatment of heart disease it has been shown by the large number of clinical facts from hospitals and private practice that the treatment is adapted to a wide range of conditions and cannot be restricted to the cardiac cases. That the success of this treatment with Nauheim Baths is not dependent on a visit to Nauheim itself or some other particular health resort was readily acknowledged by Theodore Schott, founder of the system, who stated in the *N. Y. Med. Rec.*: "I am convinced by many experiences that identical results may be achieved by artificially prepared baths."

The Nauheim Baths and Schott Exercises can therefore be given anywhere, where adequate facilities are found, and in many cases it is a distinct advantage to have the treatments given at the patient's residence.

This system of baths, together with the Schott resistive exercises, has for many years been taught at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., exactly the same way as practised in Nauheim. The superintendent of this school has visited personally Nauheim several times for the special purpose of thoroughly familiarizing himself with the baths and movements under the guidance of Prof. Schott and other eminent specialists. Full particulars about all courses in Mechano-Therapy may be obtained from the above-named institution upon application. (1711 Green St., Philadelphia, Pa.)

SEPTIC CONDITIONS

There are no indications for the iodine therapy where Soluble Iodine (Burnham's) will accomplish more brilliant results than in septic processes.

Where temperature continues high, it is of the utmost importance to saturate the system quickly, and to this end there need be no fear of too large a dose until temperature begins to recede; 20 to 60 drops every hour will usually produce a lower temperature in a few hours' time, in the very worst cases.

Absorption is rapid and it directly combats the infecting germs, and stimulates the natural antitoxic forces of the blood and tissues, so that recovery promptly follows in all forms of septicemia or blood poisoning.

Write the Burnham Soluble Iodine Co., Auburndale, Mass., for booklet just issued on "Modern Treatment of Septic Processes." The subject is treated in a scientific and up-to-date manner which any physician will appreciate. A free copy may be had for the asking.

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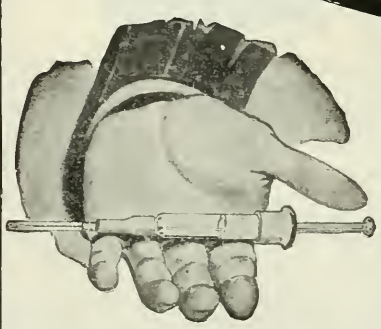

It is clear, sterile and of exceptional concentration. It contains no trikresol. It absorbs rapidly and without irritation at the site of injection. It is easily administered, being furnished only in neat, ready-to-use syringes.

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National (the original) Glycerinized Vaccine is employed in vaccinating the United States and Navy. At good drug stores. Fifteen cents the point, or tube; one fifty the package of ten.
NOTE: See another advertisement of these laboratories, page 50, this issue.

Bacterins

(Bacterial Vaccines)

are supplied in aseptic glass syringes especially designed to meet the wide range of dosage required in bacterial therapy.

The Mulford Syringe Package is a decided improvement over the ampul package in general use, not only owing to its increased facility and safety of administration, but also to economy since the package contains a greater amount of Bacterin substances than supplied in ampuls.

For dosage and other details regarding the administration of Bacterins, consult Mulford's Working Bulletins.

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Indications: Acute and chronic acne caused by the acne bacillus.

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Indications: Cystitis; fistula in ano; catarrhal jaundice; local infections.

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(Friedlænder Vaccine)
Indications: Chronic nasal catarrh; chronic gleet.

Neisser-Bacterin
(Gonococcic Vaccine)
Indications: Gonorrhea; epididymitis, acute and chronic; gleet; gonorrheal conjunctivitis, prostatitis, rheumatism.

Neisser-Bacterin, Mixed
(Gonococcic Vaccine)
Neisser-Bacterin, Mixed, is the outcome of bacteriologic study of chronic gonococcic prostatitis.

Neoformans-Bacterin
(Neoformans Vaccine)
Indications: Tumors and cancerous conditions.

Pneumo-Bacterin
(Pneumococcic Vaccine)
Indications: Pneumonia; empyema; cystitis.

Pneumo-Bacterin, Combined
(Pneumo Vaccine, Combined)
Indications: Pneumo-Strepto mixed infections.

Pyocyano-Bacterin
(Pyocyaneus Vaccine)
Indications: Local infections caused by this organism.

Scarlatina-Bacterin
(Scarlet Fever Vaccine)
(Obtained from Scarlet Fever patients)
Immunizing and Therapeutic packages.

Staphylo-Bacterin
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Mixed albus, aureus and citreus.
Indications: Furunculosis, acute and chronic; acne; sycosis.

Staphylo-Acne-Bacterin
(Staphylo-Acne Vaccine)
Indications: Acute and chronic acne caused by mixed infection.

Staphylo-Albus-Bacterin
(Staphylo-Albus Vaccine)
Indications: Furunculosis, acute and chronic; acne; sycosis.

Staphylo-Aureus-Bacterin
(Staphylo-Aureus Vaccine)
Indications; Furunculosis, acute and chronic; acne; sycosis.

Strepto-Bacterin
(Streptococcic Vaccine)
Indications: Abscess; cystitis.

Typho-Bacterin (Typhoid Vaccine)
Immunizing packages, Individual and Board of Health sizes: also Therapeutic packages.

Complete packages containing four syringes, $3.50
Single packages, $1.25 each

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THE COMING ANESTHETIC

An anesthetic that is slowly but surely displacing chloroform and ether is Hyoscine-Morphine-Cactin Compound. It may be used in connection with chloroform if desired (of which only a few whiffs will be required) or it may be used alone by one of experience (pushed to effect) when it produces an anesthesia under which the most extensive operations may be performed. And all the while the knife is being used, the patient feels absolutely no pain, yet he is conscious and able to answer every question put to him during the entire operation.

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Hyoscine-Morphine-Cactin Compound is injected hypodermically to produce anesthesia. Employed this way or given by mouth it is an effective pain-reliever in neuralgia, strangulated hernia, colic and all painful conditions. It is a god-send in obstetrics—for subduing the pangs of childbirth.

Again it is a sedative of high order, the best one can give, in spasms (as hiccough) or manias (as delirium tremens). It enables the doctor to control the patient perfectly and may be pushed till sleep is secured.

The Abbott Alkaloidal Company of Chicago make it; they offer to send a sample and booklet to any doctor who is interested.

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RIGHT principles amplified and enhanced by large experience over a period of years has given Mudlavia its standing as a valuable and trustworthy adjunct to the medical profession in certain diseases.

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the usual ointments, Zinc Oxide, etc., make no impression on the large nondescript class of cases, comprehensively grouped under the term Eczema, etc. It's a severe test for any remedy—these well-established cases of Eczema, Pruritis, etc., but it was in these cases that LANIKOL made its reputation. Samples and literature sent on request.

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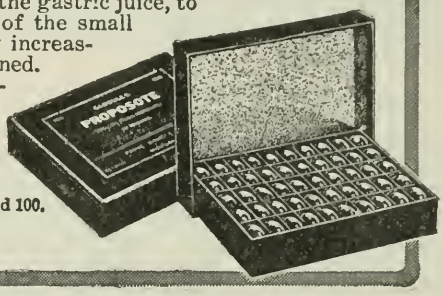
Proposote is creosote phenyl-propionate—creosote combined with phenyl-propionic acid—a true chemical combination, equivalent (approximately) to 50 per cent. creosote. Its uses are the same as those for which creosote has long enjoyed a noteworthy reputation.

Proposote has this important advantage: being insoluble in acid media, it passes through the stomach unaltered by the gastric juice, to be slowly broken up by the alkaline fluids of the small intestine, and may be given in gradually increasing doses until the desired effect is obtained. Prolonged clinical tests show that the distressing eructations attending the administration of creosote do not occur when **Proposote** is given for even a protracted period and in full doses.



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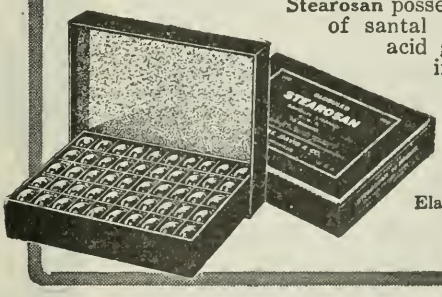
Santal Oil in New and Improved Form.

Stearosan is santalyl stearate—santalol combined with stearic acid—a true chemical compound, equivalent to about 50 per cent. of santal oil.

It is indicated in chronic catarrhs of mucous membranes, notably in gonorrhea, cystitis, urethritis, vaginitis, and in pulmonary disorders, such as chronic bronchitis and bronchorrea.



Stearosan possesses therapeutic properties similar to those of santal oil. Moreover, it is not attacked by the acid gastric juice, but passes into the small intestine, where it is broken up or emulsified by the alkaline fluid and absorbed without difficulty. Being non-irritating to the gastric mucosa, it may be administered in increasing doses until the desired effect is obtained.

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this institution to a front rank position and kept its treatment abreast of other modern agencies in physiologic therapeutics. This, in distinct contrast to many institutions bidding for professional recognition which have lost their identity as health resorts and as a consequence their usefulness to physicians by degenerating into resorts dominated by sport, fashion or fad. The utilitarian function of this resort has never been allowed to be overshadowed by pressure from any of these influences.

Your gouty and rheumatic subjects find here means of rapid relief. Neurasthenics and sufferers from neuritis are always benefited if not entirely relieved. Arthritis in its various chronic forms is greatly benefited on prolonged treatment.

Send your rebellious cases of these affections to Mudlavia and trust us for results.

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ANTITYPHOID VACCINATION

The publication in the late press of the remarkable prophylactic results which have been obtained in the Unites States army with antityphoid vaccine is causing wide inquiry, not only on the part of physicians but from laymen as well. The most recent statistics compiled from the Army, show that the death rate from typhoid among uninoculated troops is ten times greater than that among vaccinated troops living under the same conditions, and in the future typhoid vaccination will be compulsory in the army and navy. Full instructions as to the use of the vaccine and the product itself are now obtainable from the laboratories of the National Vaccine and Antitoxin Institute, Washington, D. C.

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We note with much pleasure the wonderful growth of the Storm Binder in the favor of the medical profession. From a comparatively small beginning but a few years ago the business has grown into a large and profitable one. Dr. Katherine L. Storm, the inventor, and head of the concern, is to be congratulated on this success, which has been won through the worth of her binder and her fair dealing. Dr. Storm not only has the satisfaction of having built up a paying business, but she also has the greater satisfaction of having scores of

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Trial bottle sent free to physicians on request.

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4. They sell for one price—*twenty-five cents a dose*—which is reasonable and fair.

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A new booklet, "Vaccine Therapeutics," is waiting for you.

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Light On Pneumonia

By

JAMES R. MITCHELL, A. B., M. D.

[Extracts from his article in the NEW YORK MEDICAL RECORD, Aug. 5, 1911]

"I contend that many symptoms of pneumonia are direct symptoms of calcium poverty, the calcium being abstracted from the body fluids for the growth of the pneumococcus.

"Calcium is the rock on which our treatment is built. Calcium is needed for activating the enzymes of phagocytosis. Tuberculosis and pneumonia are almost unknown in lime kilns. Many observers corroborate this fact. All my cases treated with Calcium ended by crisis—the crisis unattended by collapse, for the heart was strong—crisis which transferred to the temperature chart showed a line straight 'as the crow flies.'

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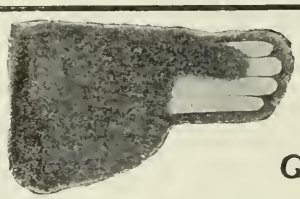

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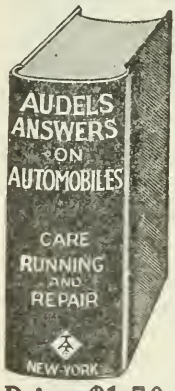

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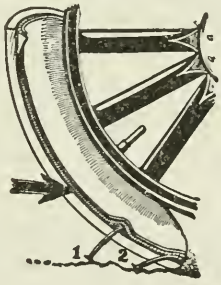

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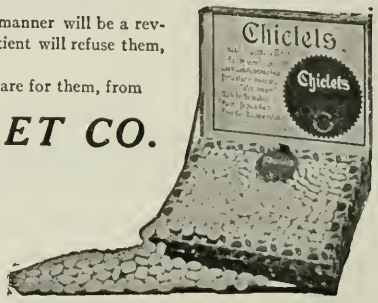

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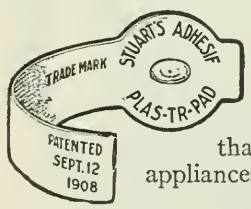

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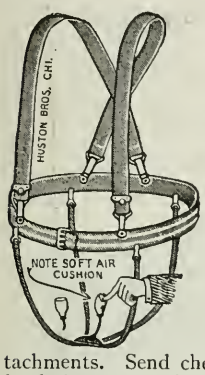

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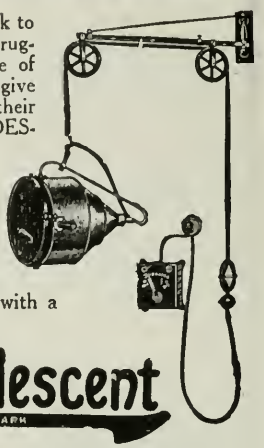

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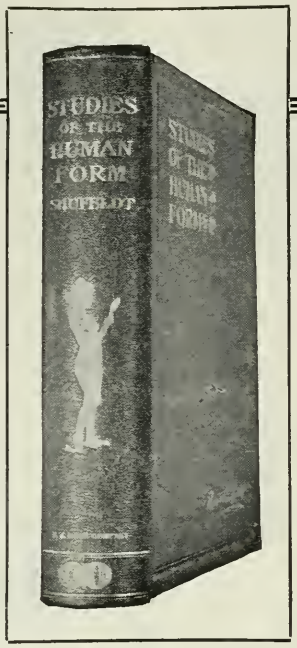

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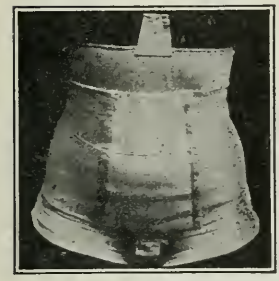

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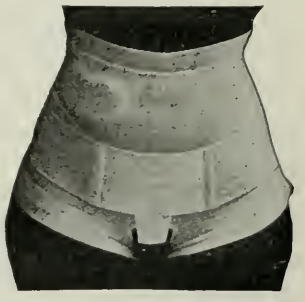

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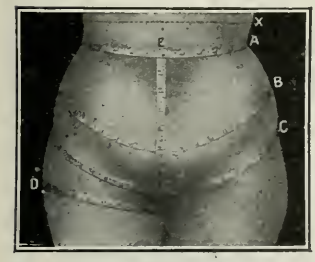

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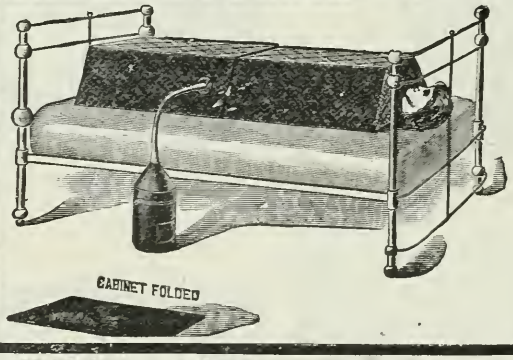

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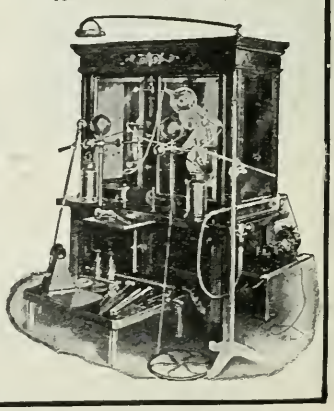

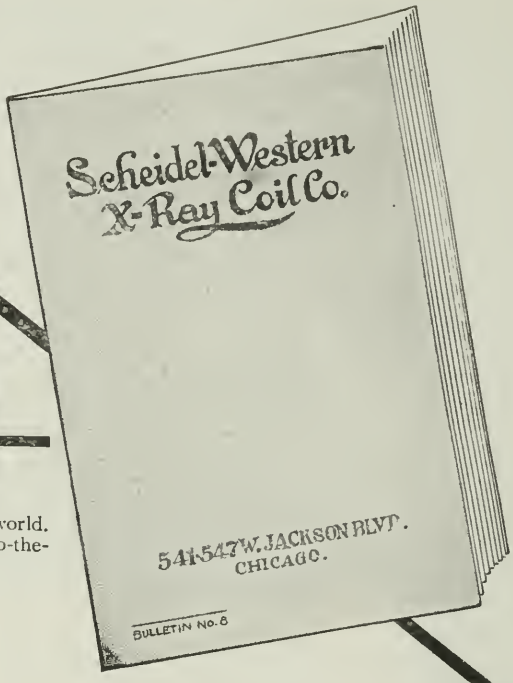

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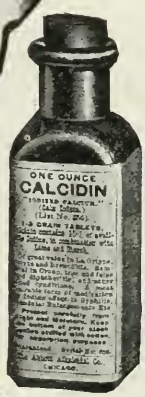

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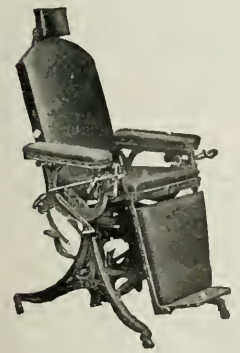

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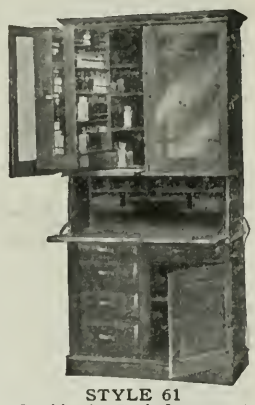

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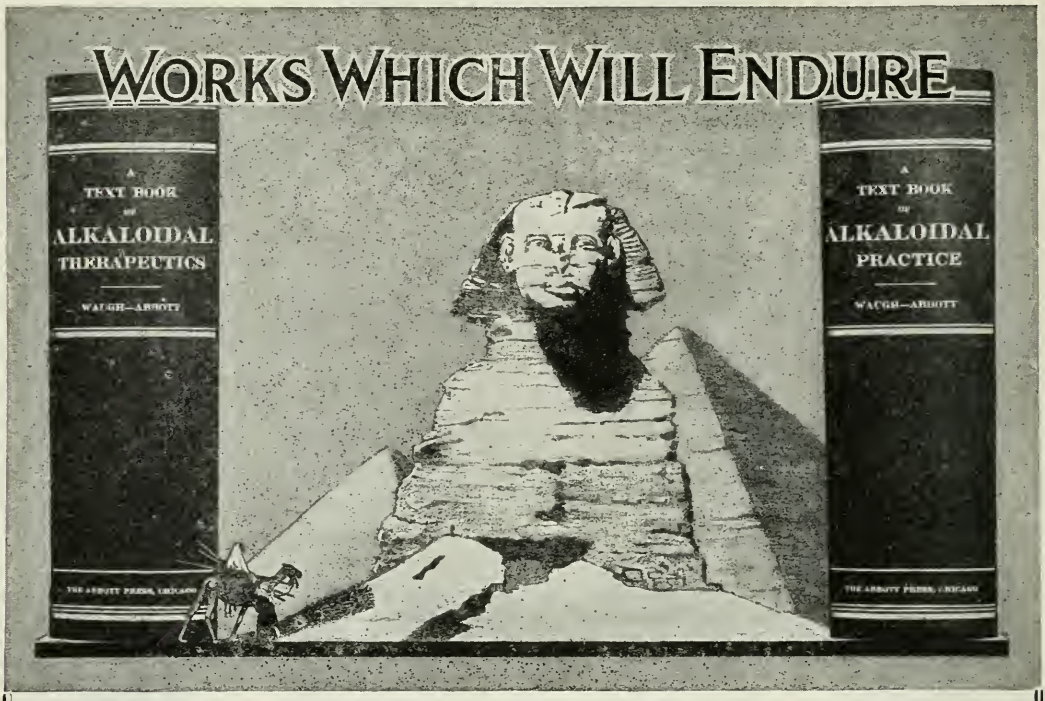

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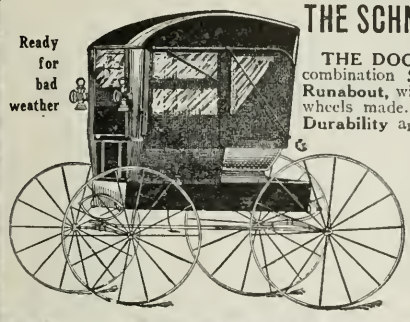

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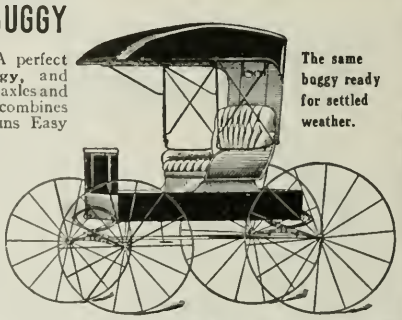

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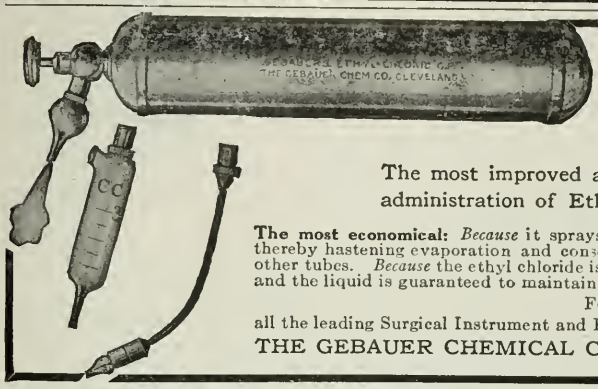

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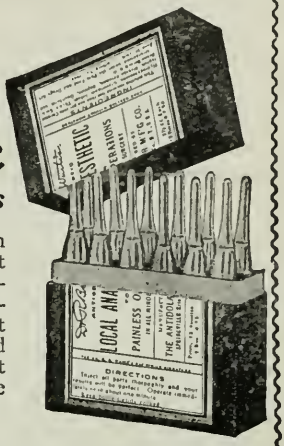

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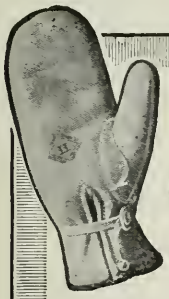

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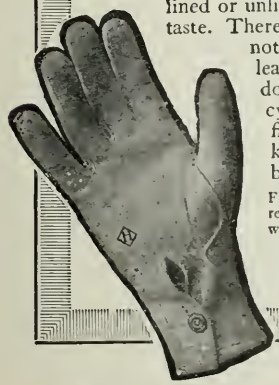

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It is "something for that cough" which the doctor can prescribe with confidence. Although we have listed it but a few months, our demand is already very large and growing steadily. This formula is applicable in cough of practically every type.

Price: $5.25 per 1000; $2.65 per 500; 55c per 100.

Calcium Sulphide Compound

Each granule contains:

Calcium sulphide (Abbott).....gr. 1-40
Pilocarpine hydrochloride.....gr. 1-200
Morphine hydrochloride.....gr. 1-200

An excellent, all-around cough granule is this; it does the work and is used extensively by the progressives in medicine. As will be seen, its opiate content is uncommonly small but it is ably supported by the other ingredients and its effect emphasized out of all proportion to its grainage by this ingenious grouping of remedies. Those who are inclined to restrict opiates and those who prescribe much for children will especially appreciate this granule.

Price: $1.55 per 1000; 80c. per 500; 19c. per 100.

Cough (Abbott)

Each granule contains:

Codeine sulphate.....gr. 1-67
Emetin (Abbott)—10% ipecac alkaloidal salts—gr. 1-67
Hyoscyamine crystal (Abbott).....gr. 1-4000
Aconitine crystal (Abbott).....gr. 1-3000

This is a *very* favorite prescription in medical circles. Thousands of doctors are using it every day, in a routine way, with satisfactory results. It controls cough effectually; it loosens or liquefies exudation; it makes expectoration easier; it alleviates dyspnea; it relieves the pain of quinsy and sore throat. Seldom does it fail to fulfill expectations—to bring the comfort the patient demands.

Price: $1.75 per 1000; 90c per 500; 23c per 100

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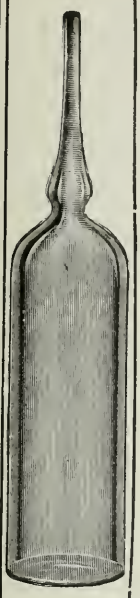

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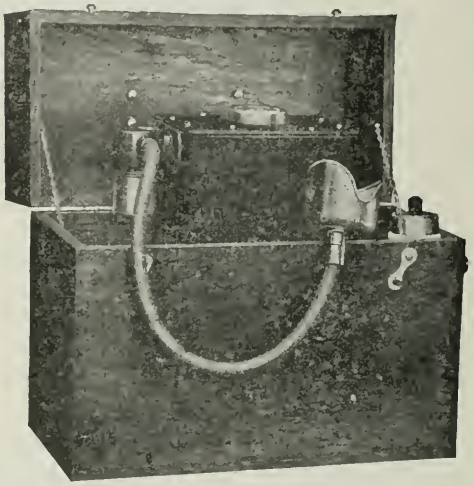

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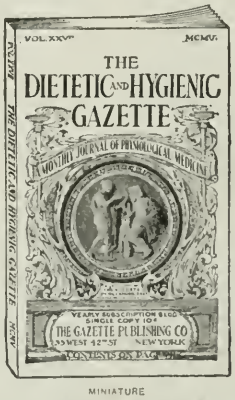
THE DIETETIC AND HYGIENIC GAZETTE.

For more than twenty-five years this monthly magazine has had for its aim the dissemination of correct principles of Dietetics and Hygiene in the belief that the preservation of health and the restoration from disease depend more on the intelligent knowledge and practice of these two subjects than on all others combined.

"Nutrition is the physical basis of Life."

The ceaseless advance of Dietetics has so clearly revealed the importance of this subject in the practice of medicine that progressive physicians of to-day assign the foremost place to the study of the nutritive and therapeutic properties of foods; their selection and preparation in health and applicability in sickness.



MINIATURE

"Medicine is woven in the woof of Hygiene."

The Gazette while always advocating the sensible use of medicines never loses sight of the fact that successful drug therapy depends mainly on physiological therapy. In the face of unhygienic conditions, faulty feeding and bad nursing, the beneficial effects of medicine are, as a rule, thwarted.

"Dietetics, Hygiene and Skilled Nursing form the bed-rock of scientific medicine."

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THE PHYSICIANS' ORIGINAL LETTERS, from which the following abstracts were taken, have been exhibited to the publishers of *The American Journal of Surgery, American Medicine, Medical Council, Medical World, Medical Summary* and *The New York Medical Journal.* The submission of these unsolicited letters to a competent jury of publishers establishes their authenticity without misusing their confidential nature. All of the products they used were purchased by them of their own volition. In buying a new supply, with their own *cash,* of their own free will and accord, these practising physicians made use of these statements of results accomplished. This is an exhibit of clean, reliable evidence:

"A-f-sal has eliminated entirely from his system, in three weeks' time, the most stubborn form of rheumatic synovitis. He had previously suffered for five months and had been attended by several of Philadelphia's most eminent physicians (all of them professors of the University of Pennsylvania and of Jefferson Medical College) without even the slightest relief."—*A Pennsylvania Physician.*

"I began the use of a-f-sal in a rheumatic case and it seemed to work so well at that time that the patient made a rapid improvement. Please send me eight ounces more of the five-grain tablets which ever way will bring it to me the quickest."—*An Ohio Physician.*

"After suffering three weeks with lumbago I took 20 grains of a-f-sal four times a day. Was better second day; cured (at least for present) in about four days."
—*A Pennsylvania Physician.*

"I have used four ounces of a-f-sal with gratifying results in articular rheumatism and if there is a disease on earth where we do not expect gratifying results, it is in articular rheumatism."—*A Kansas Physician.*

"Enclosed find money order for which send me 12 ounces more of a-f-sal. Am using it in the case of a woman 58 years, weight 190. Has been troubled for three years with rheumatism in knees, something like gout, with considerable deposits of biurate of soda. Patient has been to all the resorts without relief. After being on a-f-sal ten days patient is feeling better. Says she cannot walk any better, but walks with less pain and trouble.

"Tried a-f-sal on a case of acute articular rheumatism with beautiful results, 30 grains every hour. Eight doses gave complete relief. Patient is now taking it in 30 grain t. i. d. as a prophylactic."
—*An Ohio Physician.*

"I have a patient, lady, 64 years, who has been crippled with rheumatism, hardly able to feed herself, and not able to walk without assistance. Had tried different treatments with several different physicians, without relief. About four weeks ago I put her on 20-grain doses, five times a day, of a-f-sal—with the happiest results. She is now able to get up and down and walk without any aid at all. The improvement has been marked and steady from the first week of treatment. I enclose money order for more and ask you to send it to me, at your earliest convenience."
—*An Ohio Physician.*

"I find a-f-sal very useful in chronic rheumatism. Of its value in muscular rheumatism I am convinced. Enclosed find check for $15.00 for 20 ounces in five-grain tablets, and the remainder in 10-grain capsules."
—*A Pennsylvania Physician.*

"In re my rheumatic synovitis I took 15 grains three times a day for about a week and have had absolutely no pain in the joint since the fourth or fifth day. (Better results had he taken six doses a day.) I am sending some to my mother in Europe, for gout in her fingers. I have instructed my druggist to lay in a supply."—*A Pennsylvania Physician.*

"Hurry enclosed order for a-f-sal. I find it to be the remedy that has most helped my mother, who has had rheumatism for 17 years."—*A Pennsylvania Physician.*

"I am using a-f-sal with results of quite marked improvement in a case of chronic rheumatic gout. It seems to be especially valuable in allaying the irritablilty of the urinary organs."
—*A Pennsylvania Physician.*

"Have had excellent results in some bladder cases with a-f-sal. I am anxious to have more on hand and will greatly appreciate a prompt reply as to whether you will sell to physicians."
—*A Pennsylvania Physician.*

"I find a-f-sal's greatest value, after using 36 ounces, is as a urinary antiseptic, especially in chronic cases of gonorrhea, and obstinate cases of cystitis."
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"During my last term of service at . . . Hospital I gave my typhoid fever cases ten grains a-s-phen every three hours without any cardiac depression, but on the contrary the pulse becoming slower, fuller and sounder. It invariably held the temperature in control—rarely going above 103.5 degrees F., and then only in exceptionally late cases. In all of my cases, except one, the mental symptoms, if present, were exceptionally mild. I have not seen any cyanosis during its administration. From my experience with a-s-phen I am satisfied that in it we have a safe remedy which will very markedly reduce the toxemia of typhoid fever."—*A Philadelphia Physician.*

"With eight ounces of a-f-sal I have just cured a case of muscular rheumatism in a man aged 52 years who has been suffering for nine years. Last winter he was confined to the house for three weeks."
—*A Wisconsin Physician.*

"I have been unable to note any change in my wife's condition (a multiple neuritis of rheumatic origin is my diagnosis) until the past three weeks, during which time she has been slowly improving. She has been taking a-s-phen tablets and please send me a pound of it. I believe a-s-phen is as good a remedy as has been yet discovered."—*An Iowa Physician.*

"I have known the case of Mr. . . . for over thirty years and am glad to learn that a-f-sal has lessened so markedly the size and stiffness of his finger joints, the effects of his chronic articular rheumatic condition.

"There are others! I suffer personally in a lesser degree than Mr. . . . did, it is true, but quite enough to learn the efficiency of a-f-sal, for which I enclose money order for twelve ounces of five-grain tablets."—*A New Jersey Physician.*

"In lessening the severity and continuance of the sufferings in one hundred cases of acute inflammatory rheumatism during the past twelve months, my experience has been much more favorable with a-f-sal than when I used the usual sodium salicylate and alkaline treatments expounded in the text-books of our highest authorities. While a-f-sal was ameliorating the cause of cardiac complication, there were no depressing effects upon the heart's action, and by the administration of thirty grains every hour prompt control of the inflammatory conditions resulted. The diarrhea that sometimes accompanies its use in that dosage, was overcome with thirty-grain doses of bismuth subgallate. As to its utility in muscular rheumatism, there is nothing that I know of that compares to it in value."—Doctor Zech, in the November *Medical Summary.*

"I have been suffering with rheumatic synovitis for eight years and since last June have taken about thirty-six ounces of a-f-sal. It has done me more good than all other remedies combined. I know had I not continued to take it, I would be unable to attend to my practice, which I now do with ease. I am very much encouraged. Enclosed find money order for which send me another twelve ounces of a-f-sal."

—*A Pennsylvania Physician.*

A-F-Sal is a compound formed by the chemical rearrangement of the molecules of acetic acid, formaldehyde and salicylic acid, and occurs in the form of a yellowish white powder.

A-S-Phen is a compound produced by the chemical rearrangement of the molecules of acetic acid, salicylic acid and phenetidin, and is a white crystalline powder. It is because of the chemical arrangement of the molecules of these constituents—as also in the case of iodomuth and guaialin, that imparts to these true chemical compounds their curative efficiency with safety.

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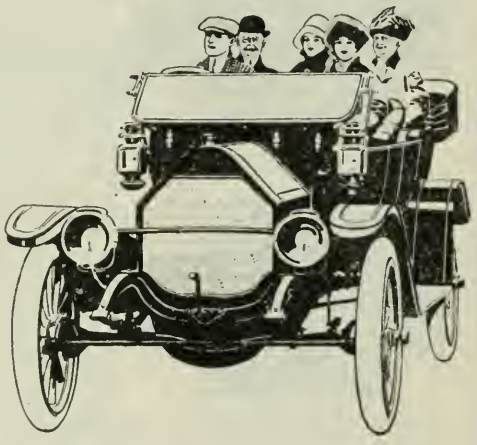

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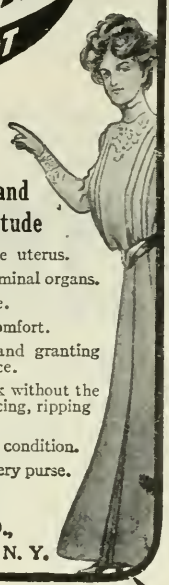

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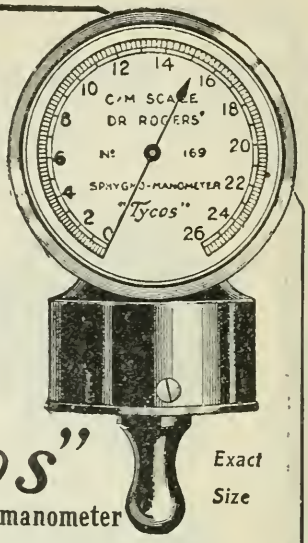

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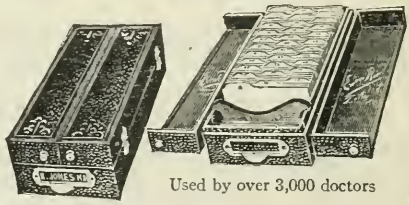

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It represents the drug faithfully, being a trituration (in milk sugar) of its several medicinal glucosides, derived from carefully selected and authenticated digitalis leaves,

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Has largest scale, graduations easily read, with maximum of 300 millimeters. Simplest and strongest mechanism. Easily operated. Vent-valve instantly manipulated by thumb or finger. Practically indestructible.

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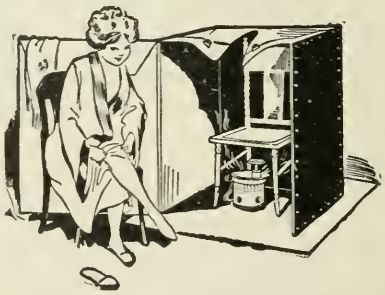

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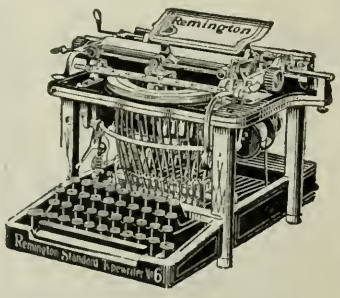

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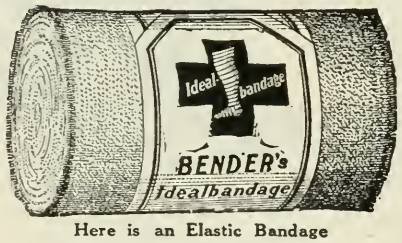

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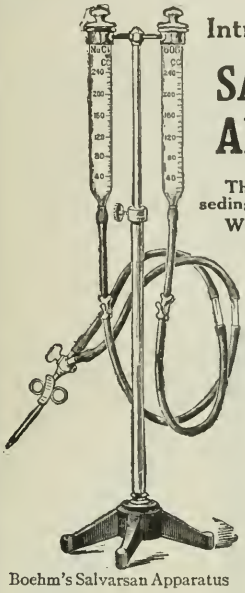

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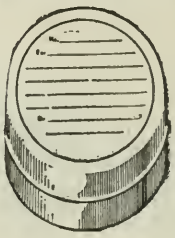

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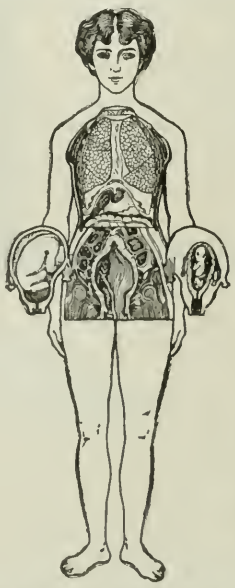

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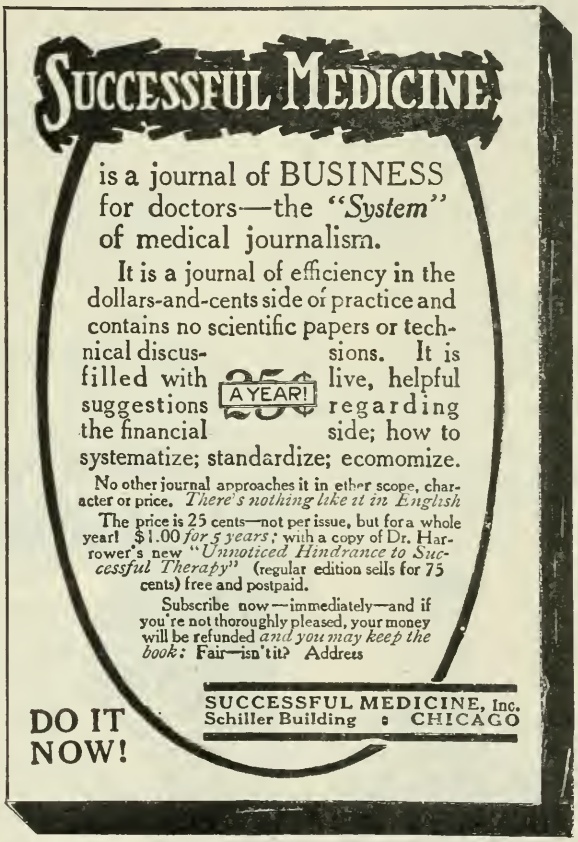
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W. C. Abbott, M. D.

Last year was the best year in the history of Clinical Medicine— next year will be a better one

Read what we have in store for you

Dr. William J. Robinson, New York City, editor of *The Critic and Guide*, and of *The American Journal of Urology*, is contributing a series of articles on *"Male Impotence and Other Diseases of Sex."*

Dr. Benjamin H. Breakstone, Professor of Surgery, Bennett Medical College, and of the staff of the Mary Thompson and Cook County hospitals, will continue his series on "Every-Day Surgery," as follows: *"The Ambulatory Treatment of Fracture of the Femur"* — *"The Ambulatory Treatment of Fracture of the Patella"* — *"The Cure of Exophthalmic Goiter Under Local Anesthesia"* — *"The Painless Cure of Urethral Stricture."*

Dr. Ralph St. J. Perry, Parkers Prairie, Minnesota, is preparing a series of articles on the following subjects: *"Arsenic, the Multipotent Drug"* (it is in January issue) — *"Post-Rheumatic Ankyloses"* — *"The Immediate Treatment of Congenital Talipes"* — *"Bryonia, the Annihilator of Fugitive Pains"* — *"The Art of Defecation"* — *"The Hooded Clitoris"* — *The Ordinary Care of the Doctor's Hands."*

Dr. Finley Ellingwood, the brilliant editor of *Ellingwood's Therapeutist*, will contribute a monthly paper on some therapeutic subject, beginning with the following, in February: *"The Hypodermic Use of Lobelia."*

Dr. H. C. Bennett, the well-known Lima, Ohio, teacher and writer, will contribute an elementary course on: *"Electrotherapy in Daily Practice."*

Dr. George F. Butler, author of Butler's *"Materia Medica and Therapeutics"* and Physician to Cook County, Illinois, will continue to conduct his monthly department, *"Just Among Friends."* He will also write a number of papers on: *"Little Journeys to the Homes of Great Physicians."* See article on Dr. John Redman Coxe, this issue.

W. F. Waugh, M. D.

The growing influence, prestige and success of Clinical Medicine have caused much comment in medical circles

You cannot afford to miss these articles

Dr. B. G. R. Williams, Paris, Illinois, will contribute the following articles concerning clinical laboratory work: *"Uranalyses Which Have Solved Diagnostic Puzzles"* — *"Secrets Hidden in the Walls of Blood-Vessels"* — *"What Some Patients Have Coughed Up"* — *"Riddles Which Typhoid Tests Have Solved"* — *"Scrapings From Obscure Skin Lesions"* — *"Bacterial Criminals and Sleuths Efficient for Their Detection."*

Dr. William Rittenhouse, of Chicago, one of the most practical and entertaining writers on obstetrical subjects, will discuss: *"Postpartum Care of Mother and Child"* — *"The Use and Abuse of Forceps"* — *"Postpartum Fever"* — *"Placenta Previa."*

Dr. Thomas E. Moss, of Bontoc, Philippine Islands, who is in the Philippine Government Service, will finish his story of thrilling adventure: *"How I Operated On the Kalinga Chief."* See this issue.

Dr. Charles Stuart Moody, of Sandpoint, Idaho, will tell more about: *"A Physician's Life Among the Indians"* and *"Pioneer Life of a Western Physician."*

Dr. Edward J. Angle, Lincoln, Nebraska, whose genitourinary practice is one of the largest west of the Missouri River, will discuss *"Gonorrhea"* — *"How I Treat Acute Gonorrhea"* — *"How I Treat Posterior Urethritis"* — *"Chordee and How It Should Be Controlled"* — *"The Hanging Drop, and How to Stop It"* — *"Gonorrhea in Women."*

Dr. Harold H. Redfield, of Chicago, Chief Surgeon to the packing house of Sulzberger and Sons, will tell of the *"Remedies That Have Helped Me To Success."*

Dr. Maynard A. Austin, Anderson, Indiana, has prepared several articles on economic problems. The first two, now ready, are: *"The Future of Medicine"* — *"Economic Aspects of Medicine in Europe."*

A. S. Burdick, M. D.

Single Suggestions have brought hundreds of dollars to its subscribers

Every article is practical

Dr. George H. Candler, Chicago, will continue his series of exceedingly practical articles on "*The General Practitioner as a Gynecologist.*"

The preceeding list includes only some of *the serial features* for 1912. For lack of space we are unable to even mention the titles of the many excellent single articles which we already have on hand or promised.

The material used in "*Clinical Medicine*" is selected primarily for its usefulness to *our* readers—not to please the contributor; not because that contributor happens to be eminent in the profession. The essential thing is that he has something helpful to tell our readers—and can tell it in a clear, lucid, entertaining way.

Do Not Forget Our Regular Departments

"*Therapeutic Notes*" gives a review of all that is new and *good*, garnered from the world of therapy.

"*Foreign Gleanings*" is the condensed wisdom of the foreign journals, with Dr. Epstein's delightful and quaint comments.

"*Miscellaneous Department*" is our fighting ground—where we of the "family" fight the problems over—and to which *you* are invited to contribute. (It's *all* your journal anyhow.)

"*The State Board Department*" is edited by Dr. R. G. Schroth, who has prepared thousands for examinations. He tells how to prepare for such tests.

"*Book Reviews*" that are *real* book reviews, appear in *Clinical Medicine*—written by specialists on the topics discussed.

"*A Query Department,*" in which you can have your difficulties solved, and to which you are requested to turn for help. We have a large staff of professional men, whose services are always at your command, and who will give assistance by mail at any time, when desired.

"*The Editorials*" in *Clinical Medicine*, by Drs. Abbott, Waugh, Burdick, Achard, Butler, and others, *we think* are unsurpassed.

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I want to thank and congratulate you on and for the publication of such a grand and instructive journal as your March, 1911, number. I certainly enjoyed reading the many and varied articles that you presented to your readers. From the inimitable prayer on the frontispiece to the last article it is instructive and interesting. I am only sorry that my poor command of language cannot express my appreciation.

Jackson, Ga. DR. J. A. NELMS

"A NECESSITY"

Read *Clinical Medicine* from cover to cover, and it certainly contains articles of the best quality. It is an encyclopedial practical textbook, and useful as well as a necessity.

New Haven, Conn. DR. PH. COSMAN

"SO HELPFUL"

I have received the May and June numbers of *Clinical Medicine* and I am sorry I have not been reading it all these years. I haven't a very great number of years left. Began practice in 1874, but I intend to read it the rest of my professional life. It is so helpful.

Siden, Miss. DR. W. L. SANDERS

"CAN BE RELIED UPON"

I never for a moment designed parting with my old friend and counselor, *Clinical Medicine*. It has been of more value to me than all the medical periodicals I have ever taken, because it has brought to my notice in every number, practical matters of just the character that a physician in his daily experience needs, and best of all, its suggestions can be relied upon.

Colony, Kan. DR. E. T. METCALF

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Mt. Vernon, Wash. DR. GEORGE E. BOYNTON

"IT GROWS BETTER EACH YEAR"

The American Journal of Clinical Medicine is so good I cannot do without it—it grows better each succeeding year. The Post-Graduate Course has been of absorbing interest since its institution; and now comes the State Board Quiz by Dr. Schroth, which makes things still better. I am looking forward and wondering where Dr. Abbott can find an improvement for the year 1912.

Baileyton, Tenn. DR. M. A. BLANTON

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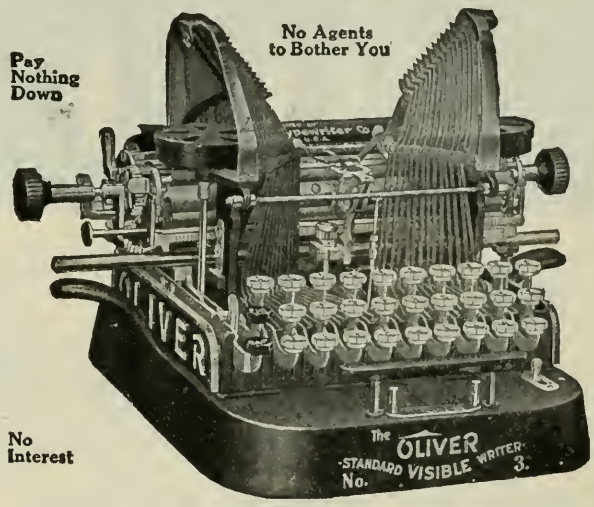

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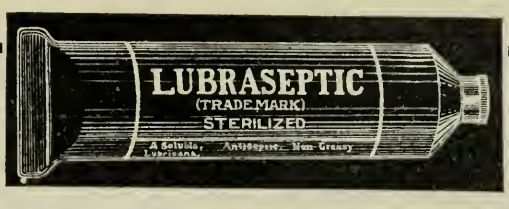

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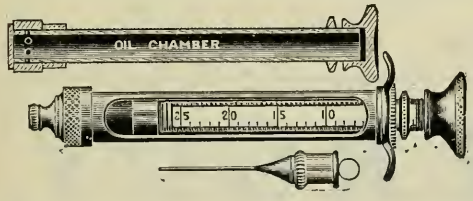

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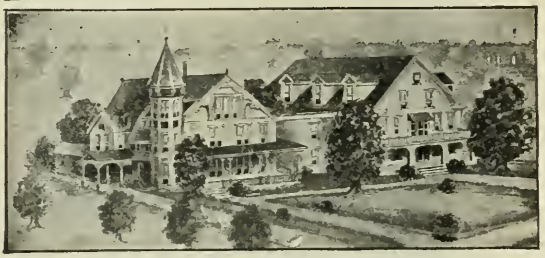

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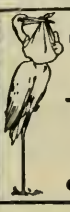

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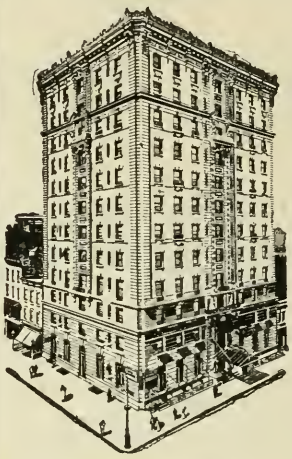

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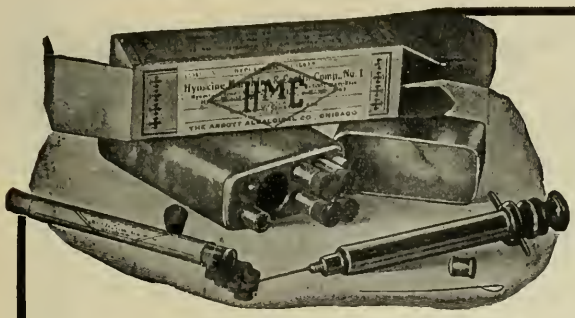

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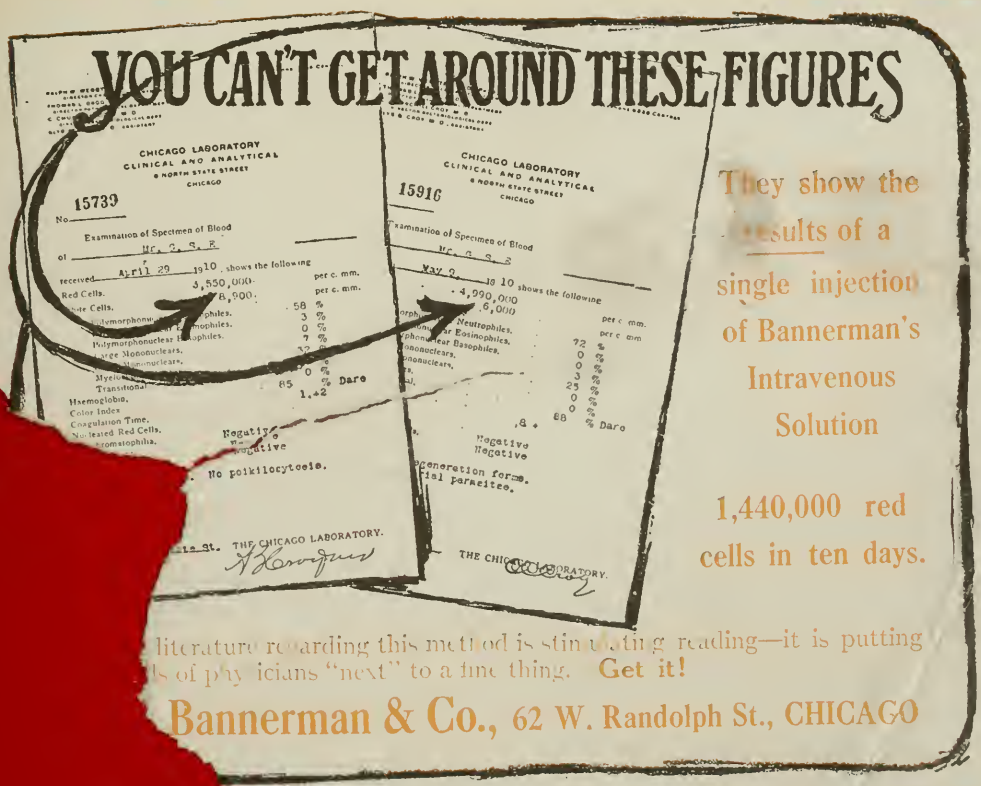
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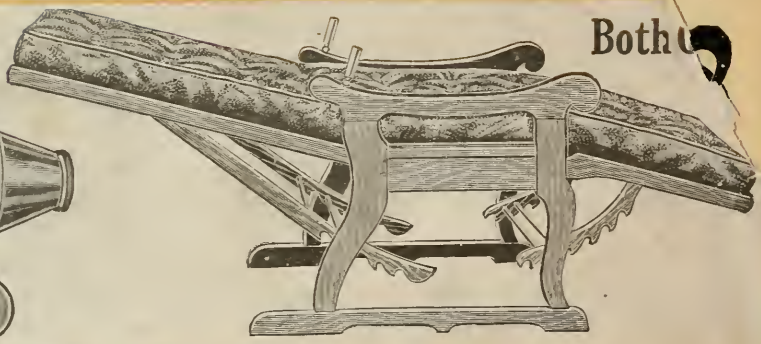

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